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ABSTRACT

The document presents the proceedings of the conference on "Child Abuse: Where Do We Go From Here?" held at the Children's Hospital National Medical Center in 1977. Six chapters focus on corporal punishment, etiology of child abuse, sex abuse, treatment modalities, court reform, and parental rights and civil liberties. Among the entries are the following titles and authors: "Corporal Punishment and Alternatives in the Schools: An Overview of Theoretical and Practical Issues" (I. Hyman, et al.); "Corporal Punishment in the Schools: The Civil Liberties Objections" (A. Reitman); "The Role of the Co-Mingled Family in the Sexual Abuse of Children" (M. Ramey); "Identification of Infants At-Risk for Child Neglect: Observations and Inferences in the Examination of the Mother-Infant Dyad" (C. Schwarzbeck); "Incest as a Causative Factor in Anti-Social Behavior: An Exploratory Study" (J. Densen-Gerber and J. Benward); "Individual Psychotherapy with Abused Preschool Children" (M. Engel); "Approaches in Adolescent Abuse" (G. Caruso); "Criminal Justice Reform in Handling Child Sex Abuse" (C. Bahn and M. Daly); and "State Intervention and the Termination of Parental Rights." (SBH)

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CHILD ABUSE



Where Do We Go From Here?

Conference Proceedings
February 18-20, 1977

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S.A.

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Introduction

"Child Abuse: Where Do We Go From Here?"—the title of this conference—is the question that all of us concerned with providing services to vulnerable children and their families should be asking ourselves regularly. Further, it is a question that demands some recognition of an eventual goal; otherwise, we are on our way but we won't know where.

Thus, it is the purpose of this conference not only to stimulate and critically analyze many concepts related to the prevention, identification and management of the maltreated child, but also to force us to define our objectives more precisely. In furtherance of the above-stated purpose, this conference is unique in that critical attention is paid to the issues of corporal punishment, parental rights and civil liberties, court reform, and sex abuse, as well as to the classical subject of child abuse etiology and treatment modalities.

The Child Protection Center of the Children's Hospital National Medical Center, Washington, D.C., was privileged to sponsor this conference. We hope that this effort will contribute significantly to expanding our knowledge in the area of child abuse and neglect.

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Corporal Punishment

Workshop Overview

This symposium, supported in part by funds from the National Institute of Education, devoted an intensive two and one half days to a singular topic: corporal punishment in the public schools. The examination of corporal punishment in the schools proved both unprecedented and timely. Unprecedented, in the fact that for the first time the question of corporal punishment in our schools was seriously considered and intensively discussed within the overall framework of a national conference on child abuse. Timely, in the very real sense that just three months prior to the conference the Supreme Court had heard oral arguments for the first time on corporal punishment in the schools. At the time of the conference, however, the High Court had not yet handed down a decision on *Ingraham v. Wright*. On April 18th, 1977, exactly two months after the conference, the Supreme Court ruled on *Ingraham v. Wright*. In a five to four decision the Court stated that corporal punishment in public schools was not a violation of the Eighth Amendment's prohibition against cruel and unusual punishment. The Court also decided that due process protections need not be accorded school children before corporal punishment is used.

This symposium on corporal punishment was specifically designed to present a balanced cross section of opinion on this controversial and heretofore surprisingly understudied issue. Given the complexity of the topic, the conference was also designed to examine corporal punishment from a variety of perspectives. The eight formal papers presented examined historical and constitutional considerations; debated inherent philosophical, moral, ethical and practical issues; analyzed and reported on corporal punishment practices and excesses in our nation's classrooms today; surveyed the current status of state statutes regarding corporal punishment; provided a scientific overview and appraisal of the effect of physical punishment on children's behavior and emotions; and finally, presented an initial examination of corporal punishment from a cross-cultural perspective.

In addition, an open forum dialogue was held which included representatives of three national associations; the American Federation of Teachers, the American Psychological Association, and the National Parent Teachers Association. This dialogue will be published next fall by the National Institute of Education in a publication entitled, *Conference on Corporal Punishment in the Schools: A National Debate*.

This was a truly important and productive symposium. It is difficult to recapture on paper the lively spirit and enthusiasm of the conferees who spent an intensive weekend engaged in debate and dialogue on the issue of corporal punishment in our schools. Despite this limitation, the proceedings which follow are the real fruit of the conference and are preserved for the reader's examination and thought. Hopefully they will provide new insights for many, fresh ideas for some, further questions by others and perhaps in time, some answers for us all.

James H. Wise, Ph.D.
Clinical Psychologist

Corporal Punishment And Alternatives In The Schools: An Overview Of Theoretical And Practical Issues

a paper presented by

Irwin A. Hyman Eileen McDowell Barbara Raines

Introduction

Most people in this country believe that the use of corporal punishment in the schools is either not a problem or a problem of such low priority that it is not worth considering. Any informal poll will most likely reveal a general belief that corporal punishment is little used or that when applied it is usually minor and preferred by most children to other forms of punishment. A substantial percentage would probably feel it should be used more often. This latter belief is related to the results of recent Gallup Polls which indicate that most citizens feel that discipline is the major problem in schools today (Gallup, 1976). However, consider the following:

1. In a Florida school a young man was held down on a table while a principal beat him 20 times on his buttocks with a paddle. The beating was severe enough to cause an oozing hematoma which required three hospital treatments. The young man missed ten days of school and was unable to sit comfortably for three weeks following this incident (Nussbaum, Hilmer, & Precup, 1976).
2. In Vermont, in 1974, a young sixth grade student was seriously beaten by the principal for striking another student. The principal struck the child repeatedly, knocking him from his seat and onto the floor. He then proceeded to kick the child in the abdomen, back, and legs and pull his hair. The child suffered severe bodily bruises (Roberts v. Way, 1975).
3. In Missouri, after being caught with cigarettes, three boys were given the choice of receiving a paddling or eating their cigarettes. The prospective paddling evoked sufficient distaste from two of the boys that they preferred to eat 18 cigarettes. This ingestion of tobacco resulted in a three day hospitalization for both boys. One boy suffered aggravation of an existing ulcer, while the other developed a kidney infection. Both conditions were attributed to the ingestion of tobacco (Hub, 1976).
4. The enlightened school board of Aztec, New Mexico "banned the use of the rubber hose for disciplining grade school children. Instead, corporal punishment [is] . . . administered with a leather strap" (Hentoff, 1973, p.56).
5. In a shop class in Pittsburgh, in one of the "best" elementary schools, a seventh grade student allegedly mumbled something under his breath. Whatever it was, the teacher became enraged, grabbed the student by the throat and slammed him against the wall (Schumacher, 1971).

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6. During the 1971-1972 school year, the Dallas Public Schools reported an average of 2,000 incidents of physical punishment per month (It's time to, 1972).

7. In the Houston Public Schools, it was reported by Dr. J. Boney, an administrator, that during a two month period in 1972, 8,279 paddlings were administered (Elardo, 1977).

8. In New York City (Polier, Alvarez, Broderick, Harrison-Ross, & Weaver, 1974) and Pittsburgh (Schumacher, 1971), black administrators were accused of excessive paddling of black children, even though corporal punishment was banned by the school boards. In both cases, even though it was proven that the paddling took place, the administrators and many pro-corporal punishment parents first denied its use and later defended it on the basis that physical punishment was the only thing many of the black children understood. In both cases, the accusers were attacked as racists trying to prove the incompetency of black educators.

Some of the preceding cases and many other reported examples of excesses of corporal punishment are presented in a paper by Maurer (1977). Without further documentation, it is clear to many that corporal punishment is a problem. It also should be conceptualized as a form of child abuse which is in contradiction to much of what Americans say they believe about democracy.

Definition of Corporal Punishment

The general definition of the term corporal punishment indicates it to be the infliction of pain, loss, or confinement of the human body as a penalty for some offense (Barnhart, 1963). The legal definition is similar. *Black's Law Dictionary* (1968) defines corporal punishment as "physical punishment as distinguished from pecuniary punishment or a fine; any kind of punishment of or inflicted on the body, such as whipping or the pillory. The term may or may not include imprisonment according to the individual case." Educationally, corporal punishment has been generally defined as: the infliction of pain by a teacher or other educational official upon the body of a student as a penalty for doing something which has been disapproved of by the punisher (Wineman & James, 1967). The infliction of pain is not limited to striking a child with a paddle or the hand. Any excessive discomfort, such as forced standing for long periods of time, confinement in an uncomfortable space, or forcing children to eat obnoxious substances fits the description. The intent of corporal punishment laws which forbid its use is to offer certain limitations. Therefore, corporal punishment is not implied when: 1) the teacher uses force to protect himself or herself, the pupil or others from physical injury; 2) when used to obtain possession of a weapon or other dangerous objects, or; 3) when used to protect property from damage (National Education Association, 1972).

Implicit in any legal definition of a punishment in American democratic society is the constitutional right of "due process." Also implied, is that a penalty cannot be administered without "due process." The schools, although a logical extension of the governing body, have until recently completely ignored the concept of due process (Baker v. Owen, 1975; Goss v. Lopez, 1975).

The latter definition is subject to further stipulation by rules and regulations of individual states, counties and school districts, relatively few of which provide for a student's right

to "due process." For instance, Michigan law, as cited by Wineberg and James (1967), makes provisions for the moderation of corporal punishment whereby the teacher has the power to decide which offenses constitute an act that is "detrimental to the interests of the school." Once this subjective decision has been made the teacher is given the right to determine what is "cruel, or excessive," and the right to determine to what extent a child can be punished in accordance with "the gravity of the offense, the apparent motive and disposition of the offender and the size, sex, and physical strength of the pupil." Aron and Katz (1971) report that the courts of Alabama, Iowa, Louisiana, Massachusetts, North Carolina and Vermont uphold similar laws clarifying the issue of corporal punishment in the schools. Despite the tempering of corporal punishment that these laws indicate, it is difficult to envision a teacher, in a fit of rage over an impudent pupil, stopping to consider these stipulations before executing the act of punishment.

In addition to the unconstitutionality implied in the above definition, there is another question raised. Aron and Katz (1971) suggest that it is unfair to have the same person (the teacher) act as accuser, judge and executioner. A corollary in legal practice is the Supreme Court's decision that the emotional involvement of the judge, who declares a defendant in contempt, disqualifies him from presiding when the contempt issue is tried (*Mayberry v. Pennsylvania*, 1971).

The third fault inherent in this definition is its obvious inconsistency with current educational philosophy and psychological findings. This aspect is further explored elsewhere in this paper. However, this brief definition and its constitutional ramifications present serious and compelling arguments against its use in a democratic society. A more detailed legal argument is presented by Reitman (1977); therefore it is useful to examine other aspects of the use of corporal punishment. The sections immediately following deal with the incidence and meaning of the practice within the American experience.

The Prevalence of Corporal Punishment

The existence of corporal punishment in American schools poses a disturbing paradox for our citizens and the countries which look to us as leaders in the protection of individual liberties.

All but one major institution in our society has regulations against the use of corporal punishment as an officially approved method of controlling behavior. Currently, 47 states allow or specifically endorse the use of corporal punishment through state legislation as a means of disciplining children in public schools (Friedman & Hyman, 1977). Some states, such as Hawaii, currently are reviewing their statistics and have imposed temporary bans on the use of physical punishment. Maine has a new statute but its meaning is unclear.

Massachusetts and New Jersey have laws against corporal punishment in schools and Maryland has a permissive regulation that leaves the decision to local districts.

The other 47 states and their local districts may vary in determining the appropriate time, place, amount and form of the administration of physical violence upon the bodies of children. Despite differences in due process and severity of punishment, the fact remains that corporal punishment, very often used on small children, is an officially sanctioned form of institutionalized and legalized child abuse that is carried on every day in our schools.

Among those countries which have abolished corporal punishment are Poland, Luxembourg, Holland, Austria, France, Finland, Sweden, Denmark, Belgium, Cyprus, Japan, Ecuador, Iceland, Italy, Jordan, Qatar, Mauritius, Norway, Israel, The Philippines, Portugal, and all Communist Block countries (Reitman, Follmann, & Ladd, 1972; Bacon & Hyman, 1976).

Many so-called primitive societies cannot conceptualize the use of physical force on children. An interesting anecdote reported in the *Wall Street Journal* (Chase, 1975) suggested how others may view us. It seems that a great Nez Perce Indian chief was on a peace mission to a white general. He was riding through a white man's encampment when he observed a soldier hitting a child. The chief reined his horse and said to his companions, "There is no point in talking peace with barbarians. What could you say to a man who would strike a child?" The chief's diagnosis of our society in the 1800's, if only peripherally based on his observations of an accepted practice towards children, was unfortunately and amazingly accurate if one considers the eventual fate of his tribe and that of others. But then our twentieth century society has a long series of "broken treaties" with our children. A brief historical overview will help clarify our attitudes toward children.

A Brief Historical Perspective

Considering the disavowal of corporal punishment by so many societies, it is surprising to many that we continue the practice. However, it is possible that a brief psycho-social analysis might reveal one aspect of the problem. This is a summary of a position more fully detailed by the senior author in several other papers (Hyman, 1976; Hyman & Schreiber, 1975).

Until relatively recent times, most societies and cultures have had to adjust to high rates of infant and childhood mortality. The adjustments resulted in various belief systems which determined the nature and extent of love expended on children. It is hypothesized that the Puritan and Calvinistic tradition of American society, and the medical realities of infant and childhood mortality, resulted in attitudes which are abhorrent to modern thinking concerning children. Estimates of mortality suggest that occurrences of measles, typhoid, smallpox, diphtheria, dysentery and respiratory ailments resulted in a third of all infants dying each year (Coles, 1975). For most of those who did survive, childhood certainly had its pleasures, but pleasure was generally considered by religious society as evil. Even if one did not subscribe to the Calvinistic belief that "children were imps of darkness" the historical precedents for maltreatment of children goes back even to the schools of Sumer 5,000 years ago (Radbill, 1974). The most severe practice of corporal punishment leads to murder, and the concept of infanticide or murdering children is not new. As late as the sixteenth century, the belief of inherent evil in children was so strong that Martin Luther, assuming that they must be inhabited by the devil, ordered retarded children drowned (Radbill, 1974).

Corporal punishment is an old and ingrained method of discipline in American homes and schools. Although the general method has been maintained, significant changes must be noted. The practice of corporal punishment was overt and publicly sanctioned from colonial days through the 1800's. The "spare the rod and spoil the child" philosophy of that era was reflected in the schooling of the times. Manning (1959) reports that a schoolhouse, constructed in 1793 in Sunderland,

Massachusetts, had an ominous whipping post built into the schoolhouse floor. Erring young students were securely tied to the post and whipped by the schoolmaster in the presence of their classmates. Manning also reports, in a similar vein, about "paddling" devices being prominent implements of the classroom in the 1800's. Paddling rods, canes, and sticks were placed conspicuously in the classroom, easily accessible to the teacher. He also mentions that regulations were often clearly stated in "the good old days." Violation of these rules resulted in punishment. Some of these century-old rules follow: students were forbidden to borrow or lend, to climb, to carry a pen behind the ear, to leave their seats without permission, or to spit on the floor.

Bakan (1975) suggests that the existence of corporal punishment, in those times, was a method of "beating the devil" out of errant children. This notion was generally supported by the public and the educators of the 1800's. However, there were exceptions and some schools functioned in opposition to this ideology. Manning (1959) mentions a school governed by "the love of its scholars" and another where control was maintained by "sweet reasonableness."

An understanding of the aforementioned, and much else that cannot be presented here, suggests that it is not so surprising that our early Constitution and Bill of Rights did not deal with the rights of children. Children had few (if any) rights.

In fact, it wasn't until about 1900 that American law began to recognize that anyone except the father and husband had any rights whatsoever (Hyman, 1976b). Despite the fact that there currently exist many laws to uphold the rights of children; despite the fact that few Americans believe that children are inhabited by evil spirits or the devil; despite the fact that we all know that children who are malnourished and starving cannot learn, etc.; why is it that we still allow our children to be physically assaulted in our schools, when this can be done legally in no other institution in our society? When one considers historically the problem of hitting and abusing children in our society, it is interesting to note that in 1874, ten years after the founding of The Society for the Prevention of Cruelty to Animals, a group organized the New York Society for the Prevention of Cruelty to Children.

One is led to the almost indisputable conclusion that the majority of Americans really do not like children. This conclusion isn't new (Keniston, 1975), but it is almost always rejected when presented to the average citizen.

The evidence adds up to one of two conclusions. At the least, we are a society which does not understand the difference between what we say we do for our children and what we actually do to them. At worst, we really know that large numbers of children, some in the shadow of our nation's capitol, are deprived of basic human rights. We do not seem to care as long as we assure the health and safety of our own children. This is not to condemn our society, for it is really a matter of cognitive dissonance that has never been resolved. After all, we are surely a nation of optimists who believe in our own good will. And in truth, we periodically evidence that good will through generosity toward an unequaled system of private charities, international relief, and the acceptance of a continuing stream of immigrants and political refugees from the dictatorships and highly controlled countries which now make up much of the world. Despite the continued corruption of our politicians, the avarice of big business, and the seeming never-ending growth of bureaucracy, American democracy still muddles on and cleanses itself periodically. Yet there is a

paradox in our view of ourselves and others' view of us. As a society, we are often criticized from within and without as being overly child oriented and permissive; yet in this same society, child abuse accounts for more childhood deaths than any other single factor (Hyman & Schreiber, 1975). Infant mortality is quite high when compared with other western democracies, and if we consider mortality among minority groups alone, it is shockingly high (Coles, 1975).

It should not be surprising that there is evidence that corporal punishment is used in the schools much more extensively with minority and poor children than with those from the white middle class (Bakan, 1970). The major redress that children seem to have is through the courts. Educators, influenced by the often primitive attitudes of the public, have been responsible for relatively little change. Aron and Katz (1971) report that in *Tinker v. Des Moines Independent Community School District*, the Supreme Court has recognized that "its view of students' rights parallels the evolution which has taken place in educational philosophy. Traditionally seen as objects without the right to question the regulations that governed their lives or the curriculum they were taught, students are no longer to be viewed as closed-circuit recipients of the educational process." Aron and Katz suggest that the courts consider the enhanced status of the student in their views on the legality of corporal punishment in the schools.

It is extremely significant that this paper represents the first major attempt to include corporal punishment within a national conference devoted to the problems of child abuse. There is a compelling rationale to support the contention that institutionally sanctioned corporal punishment is merely an extension of the social belief that has resulted in the excessive abuse and neglect of so many American children. This is perhaps related to distortions in the conception of a living and changing democracy, where technological growth and knowledge of behavioral sciences often outstrips outmoded concepts of child rearing. It would therefore be helpful to attempt to conceptualize the meaning of discipline, as a function of child rearing, from a political and social point of view.

Conceptualizing Discipline in a Democratic Society

Many current societies claim they offer their citizens some form of democracy, but an examination of the membership in the United Nations will reveal an alarming and increasing number of nations which are one-party systems. In fact, in the increasing number of poor countries where there are few resources and almost no history of human rights, leaders often deride the American concepts of freedom, compassion and tolerance (Gwertzman, 1977). These leaders claim that discipline, harsh and often unyielding, is the only hope for their societies. Those modern western societies which are governed by military and/or powerful religious forces tend to use physical punishment as a means of control. In attempting to understand the relation between cultural mores and the institutionalization of corporal punishment, Babcock (1977) reviewed the literature related to this area. He found that among more complex societies, which have a greater incidence of stealing, slavery, aggressive gods, rigid class stratification and wars, there is a tendency toward more punitive child-rearing practices. In general, the data concerning both primitive and contemporary society suggest a significant interaction between restriction of freedom, religious orthodoxy and the familial and institutional use of corporal punishment. Yet

this theory is contradicted in some sense by the total abolition of corporal punishment in schools in most communist societies, including Russia. These societies certainly use physical force on their citizens, but their predominant ideology and leadership, although harsh and cruel, is not controlled primarily by the military. It seems that a domination of religious and military belief more often supports the use of physical, rather than social forces, to combat children's behavior. However, because of a variety of problems, it is inappropriate to suggest causation or issue a strong statement about the correlational nature of the data provided by Babcock. Extensive studies using appropriate statistical techniques such as cluster analysis are needed. For the present, it is possible to deal with the real and implied meaning of discipline and freedom within our own society as these concepts relate to institutionalized methods of control.

There has long been a paradox between *what* we teach in our schools and *how* we teach it. Our schools supposedly reflect the Constitution and Bill of Rights, including the Eighth and Fourteenth Amendments which guarantee due process and relief from cruel and unusual punishment. However, the courts are continually processing cases involving the schools' denial of basic civil liberties to children. Our schools have never really grasped the concept of helping children to internalize controls through learning the use of freedom and responsibility. We teach democracy as content but we have failed to teach it as process, even though some of our most notable educational and psychological theorists have urged this for many decades (Dewey, 1927). Dewey was perhaps one of the leading proponents of applying democratic processes to help children internalize controls through democratic measures. Unfortunately for education, his basic concepts have been distorted to such an extent that the term democratic teaching has come to be linked with a lack of teacher control in the classroom. The concepts of permissiveness, progressiveness, open education and democratic teaching have all become synonymous with softness and lack of discipline. The opposite is being "tough" on the kids, "don't smile till Christmas," and a threat with the paddle if they do not behave. However, the relevant issue concerning discipline in a democracy is not one of degree but rather one of source. Classes in a democratic society should have as much discipline as in authoritarian societies, but in democratic societies the controls should be internalized. In a democratic atmosphere the attempt should be to reduce anxiety so a child is free to learn, rather than to induce anxiety which is the consequence when punitiveness and guilt are used to control behavior (Sanford, 1956). Further, there is research evidence to support the use of democratic methods of discipline without the resort to force (Hyman, 1964).

Besides certain social and political ramifications of the use of corporal punishment by the schools, there are considerations concerning individuals. Specifically, one may consider the relationship between mental health in a democratic society and the use of force.

Mental Health and Discipline

The public is increasingly becoming aware that the major cause of childhood mortality in America is no longer attributed to disease, but rather to parents (Hyman & Schreiber, 1975). Most child abuse in schools does not result in death or even severe mutilation. However, the basic message, that violence is a way to solve problems, is not lost on the children. Theorists

have attempted to understand the reason for our society's attitude toward children and violence, in order to account for the specifics that cause individuals to act punitively enough to render serious and emotional damage to children. Kempe (1962) has theorized that the actions of parent child-batterers are based on modeling. That is, parents who were beaten excessively themselves are the same parents who end up beating their own children. It is possible that many teachers adhere to easily disproved rationales for corporal punishment merely because they learned this behavior as a result of their own school experiences. Conversely, many teachers we have talked with avoid the use of corporal punishment mainly because of their unhappy childhood experiences. Kempe feels that the parents of children who are victims of the "battered-child syndrome" are mentally ill. While corporal punishment applied by teachers is usually not as extreme in intent and result as the aforementioned, its use by teachers who received it as children certainly suggests a rigidity and tendency to "identify with the aggressor" which characterizes the authoritarian personality (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950).

Gil (1971) suggests that the use of force on children stems from an inherent cultural belief that violence is an acceptable manner by which to solve problems. His theoretical position would suggest that our society is "mentally ill" in terms of its approach to the use of violence.

Whether one accepts either theory alone or a combination of both, it is important to examine the question within the context of what the statistics on mental health mean to the lives of school children, and to the mental health of their teachers.

Several theorists (Bakan, 1970; Wohlford & Chibucos, 1975) have used the national estimates of mental illness to project its incidence among teachers. Consider the following by David Bakan (1970), a highly respected social scientist and humanist:

Nor can we be assured of wisdom in connection with the use of corporal punishment, even if one were to accept the *principle* of corporal punishment. I have no data on mental health of teachers . . . [But] it is estimated that one in every ten persons is suffering from some form of mental illness; and the probability is one in twenty that any given individual will, at some point in his lifetime, be a patient in a mental hospital. If we add to this the observation of the *Caldic Report* that approximately one in every ten children is in need of special psychological and psychiatric services, the probability that either an ill teacher or an ill child or both will be involved in an incident involving corporal punishment is simply too high to allow it to go on at all. (p. 2)

Wohlford and Chibucos (1975) attempted to make a statistical estimate of mental health among teachers. Using figures compiled by others, they estimate that nine percent of the teachers in the United States are "seriously maladjusted." Projections indicate that there are probably 180,000 teachers who are seriously disturbed and by extrapolation there are 4,500,000 students who are exposed yearly to seriously maladjusted teachers. "Tens of thousands of these teachers may act out their problems with mental abuse, sarcasm, ridicule, etc., if not physical abuse" (Wohlford & Chibucos, 1975, p. 11). This may be an extreme example of the possible effects of corporal punishment, but those on the other end of the paddle are not concerned with statistical rarity. However, why allow these cases to take place if there is not even sufficient educational

rationale for corporal punishment?

The following sections present experimental and naturalistic research on the effects of punishment in learning.

The Educational Effectiveness of Reward and Punishment

The early work of Skinner (1938, 1954), Miller and Dollard (1941), and the later application of their principles to the classroom (O'Leary & Drabman, 1971), offer convincing proof that the systematic use of rewards is a powerful method for changing behaviors. The theoretical and experimental findings on reinforcement theory have resulted in a vigorous movement for the use of behavior modification in the classroom. Unfortunately, as with any other educational innovation, the basic principles have been misused and improperly interpreted. Also, aversive techniques have been associated with the behavior modification movement which only uses positive reinforcement in public school application. The moral and ethical problems of behavior control have raised serious issues which are too complex to discuss here. However, it is noteworthy that a major objection to the use of rewards is the teachers' often stated rationale that it is a form of "bribery." Many teachers feel this should be avoided on moralistic grounds, whereas punishment is a socially accepted tradition. However, does punishment really work within the framework of the school?

An extensive review by Bongiovanni (1977) casts doubt on the efficacy of punishment under the conditions used in public schools. It is true that punishment results in the temporary reduction of targeted behaviors. In order for punishment to be effective over a long term, it must be extremely harsh and repeated and even then there are enough variables to contraindicate complete success. In order for corporal punishment to be effective in stopping children's misbehavior, the result would often be hospitalization. The major paradigm for the successful use of punishment is traumatic avoidance learning. This teaches avoidance but also has negative implications for the setting in which it occurs and toward the source of the punishment. Many parents use the argument that it is sometimes necessary to spank their 2-year-olds to keep them from wandering into the street. This may be very effective for a short term, but the spankings will need to become more frequent and severe as the child grows older and develops other needs to cross the street. What really becomes effective is his knowledge of the danger of a car hitting him and his understanding of crossing the street without being hit. Therefore, this frequently used argument is hardly applicable to school learning.

The Possible Effects of Corporal Punishment on Achievement

Unfortunately, an extensive review of the literature has revealed no adequate studies of the effects of corporal punishment on achievement. However, there is a significant body of literature concerning the effects of teacher behavior on various aspects of learning in regard to teacher use of disapproval and criticism. The analogy is appropriate since corporal punishment may be considered an ultimate expression of a teacher's disapproval. Few children believe the paddle-wielding adult who claims that the action hurts the adult more than the child.

Rosenshein (1968) reviewed studies on the relative effects of praise, mild criticism, and strong criticism. Although praise and mild criticism seemed not to differentially effect learning, it was clear from three of the studies reviewed, that strong

criticism had statistically significant negative correlations with achievement (Perkins, 1965; Wallen, 1966). This relationship held across socio-economic classes and operated with teachers who otherwise were rated as possessing superior traits in terms of the usual teacher evaluation criteria.

A later, more extensive review by Rosenshein and Furst (1971), considered 17 studies which were based on counts of teacher use of criticism. Criticism in all studies was generally defined as negative statements, the demeaning of students or their actions, and/or the use of threats. Almost all of the studies reviewed indicated a negative relationship between teacher criticism and student achievement. In 10 of the 17 studies, stronger forms of criticism were more clearly negatively correlated with achievement than were milder forms. Rosenshein and Furst (1971) conclude that "teachers who use extreme amounts and forms of criticism usually have classes which achieve less in most subject areas" (p. 51). Although all of the studies cited are correlational, there is certainly enough evidence against the use of severe criticism and threats.

Race, Class and Corporal Punishment

There is evidence that where both suspensions and corporal punishment are used, there is a tendency for a select group of children to be the most frequent recipients of these two extreme forms of discipline (Bakan, 1970; Polier, *et al.*, 1974; Children's Defense Fund, 1974, 1975). Some of the children frequently suspended or paddled are emotionally disturbed and are in desperate need of other help. A great many of the children seem to fall in this group because they are members of black, Hispanic and poor white minorities. The repeated and extensive use of corporal punishment with these groups is particularly insidious as it tends to reinforce their alienation from learning in a white middle-class system. Several areas of research support this contention.

The work of Rosenthal and Jacobson (1968) indicated the possibility of a self-fulfilling prophesy working to the detriment of school children. Although the initial studies they reported in *Pygmalion in the Classroom* have been seriously questioned (Thorndike, 1968), there has since evolved a significant series of studies supporting the original hypothesis (Machowsky, 1973).

Evidence from black ghettos indicates that some educators, both black and white, believe that hitting is the only thing ghetto children understand (Polier, 1974; Schumacher, 1971). Many teachers working with black children and other groups from low socio-economic backgrounds merely increase the feeling of these children that they are "bad." Further, there is clinical evidence that once a person develops a particular self-image there is a tendency to cling to that concept (Rogers, 1951). Finally, research on locus of control (Battle & Rotter, 1963; Ducette, Wolk, & Soucar, 1972) suggests that lower-class children tend to be "externals." That is, they feel they have little power to control their own destinies. In the schools they feel both intellectually and physically under the complete power of the authorities.

The concepts of the self-fulfilling prophesy or teacher expectancy, and the tendency toward self consistency and the external orientation of lower-class children, are theoretical constructs which suggest that lower-class children, who are paddled frequently, are reinforced for the behavior which the paddling is supposed to eliminate. Teachers expect them to be "bad" and therefore treat them as being "bad." As a result,

the children come to see themselves as "bad" and begin to act consistently as "bad dudes" which may also have high prestige value in some sub-cultures of the ghetto. Since many of these children have external locus of control orientations, especially in regard to the school, hitting becomes just another insult over which they have little control. As a consequence, the bad behavior increases and is reinforced until it escalates to the point where the message is that violence is the final way to solve problems. Often this violence is directed toward teachers, school property or the society which the schools represent.

Research on Corporal Punishment in the Schools

Corporal punishment represents a traditional practice in our society and therefore derives its justification from past beliefs rather than current knowledge. Despite a great variety of theoretical, practical, and related research evidence to contraindicate the use of corporal punishment in the schools, there is currently no known hard data supporting its elimination. Within the present federal framework of research with human subjects, it is improbable that any state or federal funds will be used for experimentally controlled research since it is unlikely that any review board will allow children to be hit as part of a research project. The only definitive answers would be generated by the use of randomly selected experimental and control groups with dependent measures such as achievement, behavior improvement or attitude change. The experimental groups would have to be spanked on some schedule effective enough to compare with non-spanking in the control group. Since this is unlikely, other designs based on correlated studies, matching of subjects within naturalistic settings and survey research will need to be utilized. Suggestions for several approaches will be presented following a presentation of existing studies. An extensive review has revealed that almost all research to date on corporal punishment has been confined to surveys of incidence and attitudes. Some correlational studies have been conducted but the nature of data is severely restricting.

Wohlford and Chibucos (1975) point out how little knowledge we have of the actual occurrence and effects of corporal punishment. They suggest the need for gathering data on the incidence of corporal punishment which would be cross tabulated by grade level and type of punishment. Studies should include separate categories for physical punishment, mental punishment, suspension and expulsion.

Hapkiewicz (1975) presented an excellent paper which contains significant data. His historical research on incidence indicates that in Boston in 1850, "it took sixty-five beatings a day to sustain a school of four hundred." Records indicate that in 1889, 11,768 cases of physical punishment were administered to Boston school children. Whether these rates reflect national norms is not known. It is suspected that the average incidence per child has decreased nationally. Some recent figures indicate a possible recent upsurge, with Dallas reporting an average of over 2,000 cases of physical punishment per month during the 1971-1972 school year.

The amount of corporal punishment may be related to the rate of school vandalism. Adah Maurer, an early and continuing leader against corporal punishment in the schools, found an unreferenced study by Lee Hardy and Virginia Miller conducted in suburban Portland schools in Oregon. This study suggested a correlation between the use of corporal punishment and the rates of vandalism in 13 schools.

The Vermont State Department of Education conducted a state survey of the use of corporal punishment in schools (Corcoran, 1975). Responses from 415 school districts with a total enrollment of 109,294 children are presented in Table 1.

TABLE 1

Reported Incidents of Corporal Punishment In Vermont for the 1974-1975 School Year¹

Grade				Reason for Corporal Punishment		
	Girls	Boys	Total	Obedience	Correction	Control
K	0	1	1	0	1	0
1	3	29	32	9	9	14
2	4	15	19	2	9	8
3	3	20	23	6	8	9
4	4	41	45	4	27	14
5	2	24	26	6	8	12
6	5	50	55	17	22	16
7	1	30	31	4	20	7
8	0	40	40	8	20	12
9	1	11	12	1	6	5
10	0	3	3	3	0	0
11	0	1	1	0	1	0
12	0	0	0	0	0	0
Total	23	265	288	60	131	97

¹ Corcoran, C. Report of suspensions and corporal punishment. Vermont State Department of Education, July 29, 1975, p. 2.

The data presented in Table 1 do not reveal the frequency of corporal punishment per child or by particular teachers. This limits data interpretation. With that limitation in mind, the figures indicate that one child out of every 379 could have been a recipient of corporal punishment. The greatest incidence is for correction, the least justified in terms of research evidence. Also, girls receive approximately 8% of the paddlings, most of which occur in grades one through eight. The distribution of paddlings seems almost random although 52% occur in grades five through eight and 41% in grades one through four.

In 1968, the Pittsburgh Board of Education commissioned a survey of corporal punishment to be conducted by its Office of Research (Shaffer, 1968). Their data are reported in terms of percentage response to a 21-item questionnaire distributed to teachers through their building principals. A 72.8% return yielded interesting data which is too extensive to present here. However Table 2 provides some idea of the frequency of the use of corporal punishment.

TABLE 2
Percentage Responses of Pittsburgh Teachers
to Corporal Punishment Survey in 1968¹

Question	N	K	1-4	5-8	9-12	Total
<i>Have you ever paddled or hit any students in the classroom?</i>						
Never	108	45	10	60	65	38.6
Once a year or less	67	40	10	20	20	23.9
Several times a year	74	10	65	15	5	26.4
Every month or more	25	0	15	5	5	8.9
No response	6	5	0	0	5	2.2
Total	280	100	100	100	100	100.0
<i>When did you last paddle or hit a student?</i>						
Within the past 2 months	65	5	60	15	15	23.2
Within the past 6 months	25	15	5	5	5	8.9
Within the past year	37	5	25	15	0	13.2
Within the past 10 years	33	10	0	25	15	11.8
Within the past 15 years	4	0	0	0	0	1.4
Not applicable	101	60	5	40	60	36.1
No response	15	5	5	0	5	5.4
Total	280	100	100	100	100	100.0

¹Shaffer, S.M. Corporal punishment survey. Pittsburgh, Pennsylvania, Board of Education, Office of Research, June 13, 1968.

The data indicate that 60% of the respondent teachers hit children at least once during the year and it is clear that most of this occurs in grades one through four. Over 60% of the teachers, grades five through twelve, reported they never paddled children. The analysis of the other data by Shaffer indicates that 61% of the teachers wanted to allow corporal punishment to be administered at their own discretion. Lest this be judged as a belief in the effectiveness of corporal punishment, 66% felt that teachers needed in-service training to provide for more effective ways of dealing with problem children. Apparently teachers want more freedom to use paddling less. Another finding was that a significantly greater number of paddlings occurred in large schools receiving Title I funds as compared to large schools not in that category. The implication, although not stated, is certainly clear. Schools receiving Title I funds are those with a large population of disadvantaged and minority children. This finding supports previously stated evidence suggesting poor children get hit most (Polier, *et al.*, 1974). However, Shaffer points out that most classroom paddling occurs in large Title I schools in grades one through four, with 38% of the teachers having less than three years teaching experience, which is well below the district average. Also, 40% of the teachers in small Title I schools have less than three years experience. Whatever the reason for the increased paddling, the effect on the children probably remains constant.

There are many available techniques for decreasing the use of corporal punishment as was demonstrated in a research project at an inner-city middle school in Houston, Texas, with a population of 92 low socio-economic black children (Sanders & Yarbrough, 1971). The school, which had a high rate of violence and corporal punishment, attempted to reduce

discipline problems and the use of corporal punishment by modifying four parameters. They decreased alienation associated with large schools; they worked on constructive attitude change; they increased services to disturbed children and they adjusted the curriculum to the children's needs. Rather than using one theoretical approach for in-service training, they borrowed from many orientations which offer approaches to learning without physical punishment such as transactional analysis, reality therapy and values clarification. After two years, the use of corporal punishment was reduced 93%. Unfortunately, all of the data were not available in the article and since Houston is one of the corporal punishment capitals of America, it would be important to know the actual number of incidents represented by the remaining 7%.

The need for research on corporal punishment in schools is obvious, but it is also necessary to know the attitudes of others involved with the education of children. Two studies have been completed recently.

Reardon and Reynolds (1975) completed what is probably the best designed survey of corporal punishment to date. This survey was requested by the Pennsylvania State Board of Education to clarify questions concerning beliefs about the corporal punishment administered by educators, parents and school board members. Besides collecting local school districts' written policies regarding corporal punishment, a survey was mailed through six major educational associations to obtain responses from various samples.

Of the 292 school districts responding, 269 indicated official approval for the use of corporal punishment, 16 prohibited it and seven were undecided. The actual guidelines varied from not allowing corporal punishment to be witnessed by other pupils, to various due process procedures. About one third of the responding districts had no guidelines, apparently leaving the practice up to the judgment of individual teachers.

The questionnaire was designed to tap attitudes and beliefs concerning corporal punishment. The results are presented in Table 3 (see page 8).

The result of this differentiated audience response indicates that on almost all items there is essential agreement. Except for correlations between students and principals ($r = .53$), and students and school board presidents ($r = .35$), correlations of agreement were extremely high between all groups. In fact, agreements between all groups, excluding students, suggests there is little significant difference. This is summarized in terms of favorability towards corporal punishment in Table 4.

TABLE 4
Personal Attitudes of the Six Groups¹

	% Favor	% Opposed	% Not Sure
School Board Presidents	81	12	6
Principals	78	13	8
Administrators	68	25	6
Teachers	74	16	9
Parents	71	21	7
Students	25	51	25
Total	67	22	11
Total (Adults)	75	17	8

¹Reardon, F.J. and Reynold, R.N. Corporal punishment in Pennsylvania. Harrisburg, Pa.: Pennsylvania State Department of Education, 1975, pp. 7-8.

TABLE 3
AGREEMENT (A) AND DISAGREEMENT (D) TO QUESTIONS REGARDING
CORPORAL PUNISHMENT FROM THE PENNSYLVANIA STUDY¹

Item	N=558 Parents		N=1,278 Principals		N=461 Administrators		N=972 Teachers		N=216 School Board Presidents	
	% A	% D	% A	% D	% A	% D	% A	% D	% A	% D
Corporal punishment will cause changes in behavior.	74.9	17.5	75.6	15.7	76.0	17.8	75.8	13.6	75.0	17.6
Corporal punishment builds a student's character.	35.5	50.1	30.9	50.6	32.3	52.3	29.5	49.3	45.1	42.8
Students learn self-discipline from corporal punishment.	54.9	38.8	52.3	37.3	49.1	42.9	49.7	37.7	61.9	29.8
Discipline cannot be maintained without corporal punishment.	43.8	50.7	36.7	55.9	37.8	55.1	38.9	52.9	58.4	36.9
Corporal punishment is less harmful than other forms of humiliation.	57.0 ^b	27.5	61.3	25.0	61.6	25.3	58.4	23.6	67.3	21.8
Teachers use corporal punishment when they have no other way to respond to difficult situations.	53.8	26.0	62.1	30.8	62.9	29.7	64.9	26.6	57.8	35.6
Corporal punishment is the only thing that will work with some students.	76.0	20.4	70.3	23.7	66.4	28.4	76.8	17.3	81.9	14.9
Student attitudes are generally made worse by corporal punishment.	28.8	59.4	24.1	66.0	31.7	60.8	19.8	67.6	15.8	76.8
Most of the people in the community served by my school support the use of corporal punishment.	36.9	23.9	65.6	19.4	62.0	14.1	42.0	23.4	73.2	11.7
Complete elimination of corporal punishment would have serious consequences.	73.1	20.1	71.8	20.3	67.0	24.5	76.2	14.3	79.2	14.9
Corporal punishment is not effective unless administered at the time of the incident.	83.5	12.0	74.1	17.7	69.6	21.4	81.5	12.7	83.3	13.5
Some students receive corporal punishment while others do not for the same offense.	72.1	12.1	63.7	25.3	73.7	16.6	68.5	19.2	66.7	20.2

¹ Reardon, F.J. and Reynold, R.N. *Corporal punishment in Pennsylvania*. Harrisburg, Pa.: Pennsylvania State Department of Education, 1975, pp. 7-8.

Everyone seems to strongly favor corporal punishment except those who receive it. Perhaps the best explanation for the attitudes of those who receive corporal punishment is given in another study by Elardo (1977) who interviewed elementary school children. Most said that some kids would prefer paddling to other forms of punishment in order to "get it over with." They also felt it did no good in changing behavior. One articulate child said, "Sometimes you get accused falsely of doing something. If you get paddled and

later prove you did not do it, you can't get unpaddled. But if you lose an activity, maybe by the time the activity should occur you can prove your innocence and still get your activity" (Elardo, 1977, p. 18).

Reardon and Reynolds (1975) present a great deal of data which cannot be discussed within the limitations of this paper. They conclude that the actual use of corporal punishment is not strongly advocated because of the many qualifying and constraining statements and beliefs expressed by the re-

spondents. However, it is clear that most respondents, with the exception of the students themselves, want corporal punishment to be available.

Respondents indicated they believe in the use of corporal punishment for the following reasons (Reardon and Reynolds, 1975):

It will cause changes in behavior. Students learn self-discipline from it. It can be less harmful than some other forms of humiliation. There are situations where it is the most appropriate technique. It is the only thing that will work with some students. There is no harmful effect on student attitudes. Its elimination could seriously affect the learning atmosphere in the school. (p. 24)

All these reasons can be shown to have little basis in fact and are typical of the common misbeliefs presented in another section of this paper. A major conclusion of the study is that most respondents recognize the complexity involved in decisions regarding corporal punishment and are reluctant to accept standard guidelines for its use.

In 1973, the California State Assembly commissioned a study which examines the practice of corporal punishment in that state. The results of the study are based on the responses of almost 1,000 school districts to a questionnaire (California State Assembly, 1973). Of major interest is the fact that slightly over 50% of the school districts use the paddle, approximately 35% use the hand and the remaining districts use belts, light straps, yardsticks, or other implements not described. In 1972-1973, there were slightly more than 46,000 cases of corporal punishment reported. The distribution of cases by grade level was as follows: 1) primary, approximately 21%; 2) intermediate, approximately 32%; 3) junior high, approximately 32%; and 4) high school, approximately 5%. Approximately 10% of the reported cases of corporal punishment were not identified by grade level. As in other studies, boys were found to receive corporal punishment more often than girls (95%). Thirty-one percent of the corporal punishment was received by minority children. Most districts reported they would not use corporal punishment if parents objected.

If corporal punishment is desired as an alternative disciplinary method and if the support for the approach is fallacious, it seems reasonable that educators and parents should be informed of the data available regarding the use of punishment, etc. Since psychologists have conducted the bulk of the research on learning and punishment, it would seem logical that they might be the best informed. However, a study of psychologists' attitudes and practices regarding spanking by Anderson and Anderson (1976) revealed what might be considered surprising information.

The investigators mailed a 21-item questionnaire to 120 active members of the Northwestern Pennsylvania Psychological Association. Forty-nine percent responded. The responses indicate the following (Anderson and Anderson, 1976):

It was found that the majority of the respondents spank their own children, felt that children need to be spanked sometimes and have no regrets about spanking their own children. About one half of those questioned felt that school personnel should have the option to spank children in school. Attitudes toward spanking were related to the psychologists' contact with parents and present employment, but were unrelated to the psychologists' age, parenting status, education or sex. (p. 46)

The results, as with the previous study, are somewhat unclear because of the many qualifying statements by respondents. For instance, many indicated that they spanked infrequently and most often to teach the child to avoid physical harm. The majority were not willing to entirely reject the use of spanking in parent-child relationships but about half (51%) felt school personnel should have the option for spanking. The investigators question whether the responses to the questionnaire are based on the psychologists' own experiences as children or their training in the principles of learning.

It is obvious that we are beginning to collect a data base on the incidence of corporal punishment. It is also obvious that reporting practices leave much to be desired. The data presented suggest that corporal punishment is a deeply ingrained practice in our schools. Research directions must shift towards a greater understanding of the meaning of the data collected. No studies, with the exception of the Pennsylvania effort, attempt to adequately utilize appropriate statistical techniques to examine correlations between respondents in order to determine theories for prediction of corporal punishment practices. It is obvious that direct naturalistic studies are needed to determine correlations between behavior, achievement and attitudes in schools which use corporal punishment as compared with those which don't. Since the use of random assignment to groups is virtually impossible, it will be necessary to return to the practice of matching groups in order to use corporal punishment as the independent variable. There are many other research needs, but even more important is to examine the use of alternatives. This is the purpose of the final section of this paper.

Popularly Accepted Beliefs and Some Alternatives for Corporal Punishment

Clarizio (1975) explores four of the most common myths about corporal punishment in the schools. The first belief is that physical punishment is a "tried and true" method. "It is good for students. It helps them develop a sense of personal responsibility, learn self-discipline and develop moral character" (Clarizio, 1975, p. 3). Bongiovanni (1977), in his review of the literature on punishment, disproves the premise that punishment is a tried and true method in the school setting and emphasizes that the necessary prerequisites for the effective use of punishment are often not met in this natural setting. Clarizio restates Feshbach and Feshbach's (1973) suggestion that the degree of physical punishment used by parents is positively correlated with various forms of psychopathology, particularly delinquency and acting-out behavior. Some studies (Buttons, 1973; Welsh, 1974) have derived a near perfect correlation between the amount and the severity of physical punishment suffered by a child from ages 2 to 12, and the amount and severity of adolescent anti-social aggressiveness displayed by the same child. In the former cases, the lesson was not one of self-discipline.

Clarizio refers to the modeling phenomenon (Bandura, 1973) to explain the relationship between physical punishment and increased aggression without promotion of good internal control. The punisher is actually modeling a very aggressive interpersonal strategy to a child who learns that it is permissible to aggress towards those of lesser power, status and prestige.

The second belief discussed by Clarizio is that "occasional paddling contributes substantially to the child's socialization." Here the crux of the issue lies in refuting the fact that infrequent or "judicious" use of corporal punishment is beneficial

to the child. Clarizio stresses that to be effective, punishment (unless traumatic) must be applied immediately and consistently. Yet in the school setting, behavior that one wishes to eliminate can hardly be monitored closely enough to be punished each time it occurs. Therefore, the so called "judicious" and infrequent use of corporal punishment results in a situation in which the undesired behavior is intermittently reinforced. Such schedules of reinforcement result in the continuation of the behavior. Thus, Clarizio concludes that instead of weakening the undesirable response, occasional paddling may actually strengthen the behavior that is intermittently reinforced.

While Clarizio argues logically against occasional use of corporal punishment, it is important to accentuate the operative word *occasional*. Many believe corporal punishment is only seldomly used. Previous sections of this paper indicate that corporal punishment is not used "only occasionally." Even the reported figures are probably an underestimation. Few superintendents can document occurrences or results of corporal punishment but it is felt by many professionals that the administration of corporal punishment appears in clusters. Some teachers hit many times a day; others never do. The previously stated figures from the Dallas school administration show an average of more than 2,000 reported incidents of physical punishment a month in 1971-1972 (National Education Association (NEA), 1972). This cannot be considered seldom in the most extended sense of the word.

The third belief is that "corporal punishment is the only recourse in maintaining order." The statement that corporal punishment is the only method some kids understand, really only means that some kids have not been exposed to other more constructive forms of discipline. It appears that physical punishment may be the only thing some teachers understand. The fact that physical punishment has no dollar-cost may make it attractive to teachers in schools with limited resources (NEA, 1972).

Clarizio (1975) points out that in school systems that prohibit the use of corporal punishment both teacher and student survive nicely without it. Consider New Jersey and Massachusetts which have banned corporal punishment for many years. Effective alternatives do exist and are already in use in those two states and also in many school districts throughout the nation.

The NEA Task Force (1972, p. 27-28) prepared the following list of techniques for maintaining discipline without inflicting physical pain on the student:

Short Range Solutions

The first step that must be taken is the elimination of the use of corporal punishment as a means of maintaining discipline. Then the ideas below can be used as temporary measures to maintain discipline while longer-range programs are being put into effect.

1. Quiet places (corners, small rooms, retreats)
2. Student-teacher agreement on immediate alternatives
3. Teaming of adults—teachers, administrator, aides, volunteers (parents and others)—to take students aside when they are disruptive and listen to them, talk to them, and counsel them until periods of instability subside

4. Similar services for educators whose stamina is exhausted
5. Social workers, psychologists, and psychiatrists to work on a one-to-one basis with disruptive students or distraught teachers
6. Provision of alternative experiences for students who are bored, turned off, or otherwise unresponsive to particular educational experiences:
 - a. Independent projects
 - b. Listening and viewing experiences with technological learning devices
 - c. Library research
 - d. Work-study experience
7. In-Service programs to help teachers and other school staff learn a variety of techniques for building better inter-personal relations between themselves and students and among students:
 - a. Class meetings (Glasser techniques)
 - b. Role playing
 - c. Case study—what would you do?
 - d. Student-teacher human relations retreats and outings
 - e. Teacher (or other staff)—student-parents conferences
8. Class discussion—of natural consequences of good and bad behavior (not threats or promises); of what behavior is right; of what behavior achieves desired results; of causes of a "bad day" for the class
9. Privileges to bestow or withdraw
10. Approval or disapproval
11. Other staff members to work with a class whose teacher needs a break

Intermediate-Range Solutions

1. Full involvement of students in the decision-making process in the school
2. Curriculum content revision and expansion by student and staff to motivate student interest
3. Teacher in-service programs on new teaching strategies to maintain student interest
4. Alternate programs for students
5. Drop-out—drop-back-in programs
6. Work-study programs
7. Alternative schools within the public school system
8. Early entrance to college
9. Alternatives to formal program during last two years of high school
10. Few students per staff member so that staff can really get to know students
11. Adequate professional specialists—Psychiatrists, psychologists, social workers
12. Aides and technicians to carry out paraprofessional, clerical and technical duties so that professional staff are free to work directly with students more of the time
13. A wide variety of learning materials and technological devices

Long-Range Solutions with Other Agencies

1. Staff help from local and regional mental health and human relations agencies

2. More consultant staff to work with individual problem students
3. Long-range intensive in-service programs to prepare all staff to become counselors
4. Mass media presentations directed to both the public and the profession on the place of children in contemporary American society
5. Some educational experiences relocated in business, industry and social agencies
6. Increased human relations training in preservice teacher education and specific preparation in constructive disciplinary procedures

According to the Task Force on Alternatives to School Disciplinary and Suspension Problems of South Carolina (1976), studies have shown that there are many factors that cause students to become discipline problems and many are not school related or influenced. Many feel that a large portion of the conduct problems are rooted in academic failure and dissatisfaction with instructional or administrative demands. Following are some strategies this Task Force underscored as most important for reducing discipline problems:

1. *School Orientation*—According to the Task Force, misunderstanding or lack of understanding frequently causes students to become disciplinary problems. Students and parents cannot be expected to support and comply with regulations without knowledge of the program. Orientation of students and parents should be provided concerning school codes of conduct, curriculum, administrative procedures for handling discipline problems, special services, procedure for requesting parent-teacher conferences, grading system, schedule, calendar, and extracurricular activities.
2. *Regular Attendance*—Students who attend school create fewer disciplinary problems than students who are absent habitually. They suggest an accurate system of student accounting should be followed and parents should be advised of absences. Students who attend regularly should receive appropriate recognition.
3. *Teacher Inservice Training*—Teachers desire and should receive training in appropriate management techniques.
4. *Relevant Curriculum*—Students who are interested in school and experience academic success seldom create disciplinary problems.
5. *Codes of Conduct*—The group states that school rules must be reasonably clear and concise. School rules should be designed to assure the orderly operation of the educational system rather than reflecting personal or arbitrary preferences of school authorities.
6. *Time-Out Room*
7. *Guidance Service*
8. *Recruitment and Assignment for Teachers*—The Task Force recommends using procedures for hiring teachers which insure the employment of qualified and effective teachers and providing for a subsequent orientation program for teachers regarding the operation of the school.

Citizens for Creative Discipline conducted a survey among a group of South Carolina educators and found that good teachers also tend to be creative disciplinarians (Survey: Good

teachers, 1976). The survey reports that the educators identified the following techniques as most successful in preventing disciplinary problems: 1) consistent application of rules (85%); 2) respect for students (57%); 3) strong administrative leadership (84%); 4) small number of students per teacher (76%); 5) teacher skill at diagnosing academic weakness and prescribing instruction (63%).

In this same survey, the educators polled described a particular teacher or a practitioner of creative discipline in the following terms: 1) the teacher respects the students; 2) the teacher is creative in his/her approach to teaching; 3) the teacher plans carefully for his/her class and keeps students involved in active and interesting work; 4) the teacher is adept at developing appropriate curriculum involvement.

While good program planning, relevant curriculum, and concerned and sensitive teachers are all important ingredients in formulae to thwart the use of corporal punishment; one must consider the idiosyncratic dimension of each problem situation. Often the alternatives are suggested by the very nature of the offense. In Hume, Missouri a reasonable option for the boys forced to eat cigarettes as punishment might have been to do a project using the American Cancer Society's material on smoking, viewing film strips, writing a report, or doing some other task which would be suitable to the children's needs, interests and ability.

The fourth belief discussed by Clarizio is that individuals involved with schools favor the use of corporal punishment." Citing a study by Patterson (1974), Clarizio documents that no more than 55-65% of school officials see corporal punishment as an effective technique and favor its use. Further, Clarizio asserts that one third of the parents, and generally most students, do not view physical punishment as an effective way to make students behave in school.

There are admittedly a number of students who do accept or even openly favor corporal punishment as a means of correcting behavior. After the cigarette eating incident in Hume, the school's student council president announced that a broken rule requires punishment. He emphatically pronounced that he, and many others, knew that this punishment discouraged any further offense. Two weeks later he was caught with tobacco (*Hub*, 1976). This example serves to cast doubt upon students' stated reasons for accepting, or even favoring, corporal punishment. It also stresses the impotency of corporal punishment in extinguishing undesirable behavior.

The Task Force report of the NEA indicates that there are several reasons why students prefer corporal punishment to other alternatives. For some it is an easy way out—it does not require much time or any real change in behavior. For others it is a good way to prove and openly demonstrate toughness and endurance. Still others feel guilty about offenses and find relief in punishment. None of these reasons has ever been educationally defensible.

Those parents who endorse the use of physical punishment in schools often use this type of discipline in the home; but it is unsuccessful, it only produces children who misbehave in school (Clarizio, 1975). Although this is an era of honoring parent requests; educators, as professionals, should accede only to those demands which are educationally sound. Most parents who call for corporal punishment really mean they want the school to educate their children by any means necessary (NEA, 1972). Professional educators should be providing alternatives for these parents to model.

An important derivation of the fourth popularly accepted belief was brought out in the NEA Task Force report. Support of corporal punishment by the schools lends the prestige of the educational establishment to the practice and encourages people outside the school to feel that they are justified in physical assault on children. According to David Gil (1971), abolishing punishment in schools would begin lessening the incidence of child-beating elsewhere.

In addition to Clarizio's four myths, there are three others that deserve mention. One is the prevailing notion that corporal punishment is necessary because the teachers have to be protected. However, the NEA Task Force report states categorically that corporal punishment is no more effective as protection, than as a means of improving behavior. Ernest Norms, quoted in the NEA Task Force report, poignantly suggests that the adolescent against whom protection is sought will respond not with unruliness in the classroom, but with a zipgun in a dark hallway. Certainly this protection argument loses its vitality in the light of the figures presented in the Pittsburgh survey (see Table 2). In Pittsburgh the highest incidence was in grades one through four. Could even the most mature fourth grader represent a real threat to the most diminutive teacher? If protection were a real issue we would certainly expect the figures to reveal a high incidence in the high schools.

Another falsity is the conviction that corporal punishment is only used as a last resort. Maurer (1977) feels this is subtle deception because referrals to the school counselor, the psychologist and to mental health agencies are scheduled after the "last resort." The NEA Task Force reported that school regulations often require educators to make referrals. However, the regulations are commonly ignored and considered "too much trouble."

Finally, the impression must be corrected that corporal punishment is allowed under the old common law doctrine of *in loco parentis*. Until recently, *in loco parentis* had been used as a rationale to curtail the rights of parents to make decisions about their children. The result has been litigation in many cases and the replacement of eroding state statutes with principles of fair treatment for all students.

Much of what has been presented on alternatives to corporal punishment is based on the experience of educators. However, there is a growing literature in educational research that offers alternatives based on empirical findings. Jacob Kounin (1970) has discovered common mistakes made by poor classroom managers. Hyman (1972, 1976) has developed Kounin's work into a system for training teachers to be better managers in order to avoid the need for paddling. Further research by Schultz and Hyman (1971) suggests certain personality and teacher concepts which affect teachers' management style as measured by Kounin's system. Marino (1975) trained teachers to recognize their ineffective management techniques. He was able to demonstrate improved management and thereby less need to rely on the "last resort."

Research on the democratic classroom (Hyman, 1964) has demonstrated that teachers using clearly defined techniques help children to internalize controls in the classroom setting. By sharing in goal setting and accepting freedom with responsibility, the need for corporal punishment is eliminated.

This section of the paper has demonstrated that there are many alternatives to corporal punishment. It is true that techniques must be matched with teachers and situations. How-

ever, the variety of alternatives available is probably never exhausted by most users of corporal punishment either because of their lack of knowledge or because of beliefs based on the mythology described by Clarizio (1975).

Conclusion

This paper represents an initial attempt to bring together a great deal of information concerning corporal punishment. The establishment of the National Center for the Study of Corporal Punishment and Alternatives in the Schools has made it possible to collect all of the literature on the subject and to begin a series of studies. However, since the mass of data presented contra-indicates the use of corporal punishment, surely the burden of proof should be assumed by those who favor its use. The authors await the publication of such a document.

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An Analysis Of State Legislation Regarding Corporal Punishment In The Schools

a paper presented by

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Physical punishment directed toward children is deeply rooted in Judeo-Christian beliefs. The often used phrase, "spare the rod and spoil the child," is symbolic of a long-standing belief in the necessity of physical punishment as the most efficacious method of child discipline. Further, there is an implication that the avoidance of such methods will eventually prove harmful to the child. This doctrine appears to be partially embedded in the Christian belief of the innate evilness of man.

It is well known historically that people who exhibited inappropriate or "bad" behavior were believed, until relatively recently, to be inhabited by evil spirits. Whether they were misbehaving children or adult schizophrenics, the treatment was often to beat the devil out of them.

The eminent child psychiatrist Robert Coles (1975) describes how the Puritans saw evilness everywhere, including the minds of children. Children who spoke to their elders with reverence and respect attested to the ability of their parents, nursemaids, and educators to cope with and master the nature of the child.

The development of laws pertaining to the education of children has historically been relegated to state and local legislators. Because of the doctrine of the separation of powers, federal courts have been loath to interfere with local educational issues. It has always been the burden of the state government to legislate for the schools, and therefore to legislate for the permissibility of corporal punishment. However, these state statutes are required to be within the guidelines of common law as defined by federal courts.

There are two main areas in which the constitutionality of corporal punishment is argued (Reitman, Follman, & Ladd, 1972). One focus, that corporal punishment is cruel and unusual, is based on the Eighth Amendment to the Constitution. This argument rests on a number of grounds, most importantly the concept that the application of physical punishment to children violates democratic freedom and the dignity of the individual. The other argument, based on the Fifth and Fourteenth Amendments to the Constitution, is that corporal punishment violates *due process* of law. This argument focuses on both substantive *due process* and procedural *due process*. Under the substantive issue it is argued that corporal punishment is often used in an arbitrary and capricious manner and does not bear a reasonable relationship to a societal purpose. Under the procedural issue it is argued that before being punished, one is entitled to certain procedural

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safeguards, such as notice of charge, right to a fair hearing, etc.

The U.S. Supreme Court took an important definitive stance on corporal punishment when it affirmed the lower court's decision in *Baker v. Owen* (1975). The Court in effect said that *reasonable* force by school officials in an effort to maintain order is permissible, and although parents have the right to control the disciplining of their children, the state has a countervailing interest in maintaining order in the schools, an interest which is sufficient to allow for the use of a reasonable amount of corporal punishment. The Supreme Court did not, in 1975, act to abolish the use of corporal punishment. Nor is it expected that now, as the case of *Ingraham v. Wright* (1976) rests before the High Court, will corporal punishment be abolished. It appears that the issue to be decided upon in this case is whether excessive punishment was administered.

Under current common law there are no constitutional barriers to the use of corporal punishment and therefore states are free to legislate on the permissibility of corporal punishment within their own schools. To date, there has been little examination or compilation of what individual states have legislated. Brown (1971) made a cursory examination of the state statutes regarding corporal punishment as an adjunct to her exploration of the rationale behind various forms of school discipline. More recently, the New Jersey Department of Education (1976) commissioned a study which examined the wording in all state legislation concerning corporal punishment. There has not, however, been a study which has examined the scope and intent of legislation.

Purpose

The purpose of the present study was to assess current state legislation and attempt to discover the intent and meaning of the laws by use of content analysis. Toward this end, we attempted to answer the following questions:

1. Which states allow corporal punishment, which do not allow it and which are silent on the issue?
2. In those states where corporal punishment is permitted, who may inflict it?
3. When corporal punishment is allowed, what procedures are followed in its administration?
4. What type of language is used to justify or limit the use of corporal punishment?

Method

In order to obtain data regarding laws concerning corporal punishment, letters were sent to the Commissioner of Education (or his equivalent) in each of our 50 states. In those letters we described ourselves as representing a Temple University based organization whose task it was to study educational and psychological aspects of corporal punishment in the schools. We then asked them to forward to us those laws in their states which apply to corporal punishment.

Results and Discussion

At the time of this writing, responses to our inquiry had been received from 36 states. Pertinent information on the remaining 14 states was obtained by consulting the New Jersey survey of 1976. This has imposed some limitations on the analysis of our results. First, we must assume that New Jersey's information is accurate. Another limiting factor is that their analysis of results is significantly different from ours. Thus,

the only information we were able to abstract was the legality of corporal punishment and the identification of those empowered to inflict such discipline.

A detailed graphical analysis of our results is presented in Table 1.

Four states have statutes which limit the use of corporal punishment in schools—Maine, Maryland, Massachusetts and New Jersey. However, in only two of these states, New Jersey and Massachusetts, is the prohibition functional. The New Jersey law reads, "No person . . . shall inflict or cause to be inflicted corporal punishment upon a pupil . . ." (New Jersey, 18A: 6-1). In Massachusetts, the prohibition is equally clear and it reads, "the power of the school committee or of any teacher or other employee or agent of the school committee to maintain discipline upon school property shall not include the right to inflict corporal punishment upon any pupil" (Massachusetts, C.71, S.37G).

In the other two states which limit the use of corporal punishment the effect of legislation is not as restrictive. Maryland's statute is highly unusual. One bylaw makes reference to the State Board of Education abolishing corporal punishment as a statewide disciplinary measure. Another bylaw found in a description of public school laws implies that regardless of any rules or regulations made by the State Board of Education, corporal punishment is not prohibited in 21 counties. There are only 24 counties in Maryland.

Maine, in a new criminal code which became effective May 1, 1976, mandates that a student cannot be punished corporally, yet physical force may be used to bring a disturbance under control or to remove a student who is causing a disturbance. In a memorandum issued from the State Attorney General's office (State of Maine, 1976), it is indicated that what constitutes a disturbance must be dealt with on an individual basis. Thus, in New Jersey quelling a disturbance would involve breaking up a fight but not hitting a child who is being noisy. In Maine, it is not as clear. Despite the prohibition of corporal punishment and despite newspaper headlines which proclaim its abolition, it appears that corporal punishment may still be an acceptable method of child discipline. Although an analysis of municipal legislation is not a part of this study, the District of Columbia and many other large cities also prohibit corporal punishment.

Twelve states are silent on the issue of corporal punishment. That is, no mention of physical punishment of school children is made in any statute of these states. The New Jersey survey (1976) reveals that of these 12 states, the only one in which corporal punishment is not practiced is West Virginia.

Thirty-three of the remaining 34 states legally authorize the use of corporal punishment. In the one remaining state, Hawaii, permission to use corporal punishment has been temporarily suspended. This suspension was in response to the ambiguity of a recent statute. Of the other 33 states, 29 make reference to who may inflict the punishment. In our study we divided the individuals allowed to inflict punishment into four categories: administrators (including principals, superintendents, etc.), teachers, other certified employees, and non-certified employees. Teachers are given explicit permission in 28 of the states, administrators in 22 of the states, and other certified employees in 7. This distribution would appear to be consistent with the concept of *in loco parentis*, wherein the teacher is considered the parent substitute. Eight states either clearly state or else make indirect reference to this

concept when describing the permissibility of corporal punishment. It is of interest to note that two states, New Mexico and South Dakota, give punishment privileges to non-certified employees. New Mexico allows any employee to inflict punishment. South Dakota permits anyone who is supervising the children while they are attending a school function away from their school, as well as school bus drivers, to administer punishment.

The next area explored is restrictions placed on the administration of corporal punishment. The most frequently used limitation, one used by 10 states, is that the punishment must be reasonable. Two states require that each incidence be approved beforehand by the principal, and six say that either the principal or another teacher must be present as a witness. One state, Montana, requires that the parents be notified beforehand, yet the parents do not seem to have the opportunity to deny permission. Nevada and Florida state that the parents must be notified afterwards. What we have here are certain procedural safeguards which attempt to minimize the inherently capricious nature of corporal punishment. Three states have other interesting limitations which are worth noting. New York requires that the teacher not use deadly force, Montana maintains that the punishment must be inflicted "without undue anger" (Montana 75-6109), and Nevada does not allow the child to be hit in his head or face.

A primary purpose of this paper was to determine by content analysis the rationales behind the use of corporal punishment in the states which endorse its use. Toward this end, six categories of punishment were identified: for purposes of restraint, for correction, to maintain discipline, to promote the welfare of the child, to quell misbehavior, and to promote obedience.

Of the states from which we received direct information, 20 legally authorize the use of corporal punishment. Nineteen of these states make mention of those times when corporal punishment may be used. South Carolina, the state which does not, simply states that "the governing body of each school district may provide corporal punishment for any pupil that it deems just and proper" (South Carolina, 1975). From this statement one may infer that a teacher may physically punish a child at his or her whim.

The word "restraint" is mentioned in the statutes of four states. Although the concept of restraint carries with it the implication of self-defense, and as such would not be contained in the most widely used definitions of corporal punishment, no state uses the word "restraint" by itself. Two states combine restraint with correction, where correction is undefined. Altogether, four states use the word "correction" in statutes. Restraint is also used in combination with the maintenance of discipline in both North Carolina's and New Mexico's statutes.

It should be noted that the "maintenance of discipline" is the most frequently used reference in statutory discussions of corporal punishment. When we include the "maintenance of control," a term used by Florida, and the "maintenance of orderly conduct," a term used by Montana, a total of 14 states mention it as a justification for the use of corporal punishment. Another reference to discipline is in Vermont's statute which indicates that it may be used for ". . . the purpose of securing obedience on the part of any child . . ." (Vermont, No. 1161).

Based perhaps on the Biblical belief that the devil must be beaten out of the child, three states indicate that corporal punishment may be administered when such is necessary to

TABLE 1: CONTENT ANALYSIS OF STATE LEGISLATION REGARDING CORPORAL PUNISHMENT

STATE	LEGALITY if possible			WHO MAY INFLECT				RESTRICTIONS								JUSTIFICATIONS						
	permitted	silent	not permitted	Administrator	Teacher	Other certified employee	Non-certified employee	need approval of principal	in the presence of another person	without undo anger	reasonable	not deadly force	approval from parents	provide parents with explanation	not in head or face	not in the presence of other students	restraint	correction	to maintain discipline	promote welfare of child	to quell misbehavior	to increase obedience
*ALABAMA		X																				
ALASKA		X																				
ARIZONA	X										X						X	X				
*ARKANSAS	X			X	X	X			X													
CALIFORNIA	X			X	X	X					X		X					X		X		
COLORADO	X				X	X					X								X			
*CONNECTICUT	X																					
DELAWARE	X			X	X														X			
FLORIDA	X			X	X			X	X					X				X	X			
GEORGIA	X			X	X				X		X							X				
*HAWAII																						
*IDAHO	X				X																	
ILLINOIS	X			X	X				X												X	
INDIANA		X																				
*IOWA	X			X	X																	
KANSAS		X																				
*KENTUCKY	X				X																	
*LOUISIANA	X			X	X																	
MAINE			X																			
MARYLAND			X																			
MASSACHUSETTS			X																			
MICHIGAN	X			X	X														X			
MINNESOTA	X				X						X						X	X				
*MISSISSIPPI	X			X	X																	
MISSOURI		X																				
MONTANA	X				X				X	X			X						X			
*NEBRASKA	X																					
NEVADA	X			X	X	X							X				X	X				
NEW HAMPSHIRE		X																				
NEW JERSEY			X																			
NEW MEXICO	X			X	X	X	X	X	X							X	X		X			
NEW YORK	X				X							X							X	X	X	
*NORTH CAROLINA	X				X	X	X				X						X	X	X			
NORTH DAKOTA	X			X	X																	
OHIO	X			X	X						X								X			
OKLAHOMA	X			X	X																	
OREGON	X			X	X						X								X	X		
*PENNSYLVANIA	X			X	X																	
RHODE ISLAND		X																				
SOUTH CAROLINA	X																					
SOUTH DAKOTA	X			X	X	X	X				X								X			
TENNESSEE		X																				
TEXAS	X			X	X														X			
UTAH		X																				
VERMONT	X			X	X						X						X		X			X
*VIRGINIA	X			X																		
*WASHINGTON	X			X	X																	
WEST VIRGINIA		X																				
WISCONSIN		X																				
WYOMING		X																				

*Data Extracted From New Jersey Survey: New Jersey Department of Education, Rulings for corporal punishment in the United States. Unpublished survey, 1976.

promote the welfare of a child. Those states are Colorado, New York and Oregon.

Summary and Conclusion

This paper represents a preliminary attempt to summarize the present status of corporal punishment and discipline laws in the United States. All State Departments of Instruction were requested to submit their legislation on corporal punishment. The results revealed that only four states have current legislation limiting the use of corporal punishment. However these states make exceptions with respect to its use in self-defense, to protect others, or to protect a child from hurting himself. Two of these states, Maryland and Maine, allow for its use at local discretion, and Hawaii has a temporary ban on its use.

A content analysis which examined the wording of statutes revealed: 1) the classroom teacher is the person most frequently empowered to inflict the punishment, although administrators are often mentioned; 2) the most commonly used restriction is that the punishment must be reasonable. Other restrictions include obtaining administrative permission, having a witness present, and the necessity of notifying the child's parents; and 3) corporal punishment is most often justifiable when it is used to maintain discipline. Other frequently mentioned justifications are to promote the welfare of the child, for purposes of restraint, and for purposes of correction.

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Corporal Punishment In The Schools: The Civil Liberties Objections

remarks of

Alan Reitman

Those who proclaim the civil liberties creed have a very clear idea of why corporal punishment in schools is a civil liberties issue and why such punishment should be eliminated from our educational system. Their opposition focuses on two fundamental violations of constitutional rights which are imbedded in the practice of corporal punishment. These are the Eighth Amendment's prohibition against cruel and unusual punishment and the Fifth Amendment's protection of both substantive and procedural due process.

Acceptance of this civil liberties position hinges on acceptance of changes in the status of children in our society. The point has long passed where children are subject *only* to the control of their parents, a relic of a smaller, less complex society in which government played a less influential role. Children are now controlled by various institutions of the state, for example, schools, social agencies, and courts; and we have begun to think of applying to children the same rights which adults possess when they become involved with agencies of the state.

This move to define the rights of children, to assert that children no longer are a special class requiring special protection and different treatment than adults, was boosted by the turbulent and radical social changes of the 1960's. Highlighted by movements to secure individual rights for members of many disadvantaged groups, the decade left its mark on the courts' attitude toward the rights of children. When for the first time in the *Gault* case (1967), the Supreme Court said young people have the right of counsel and notice in juvenile proceedings; when the Court ruled in *Tinker* (1969; a case upholding the wearing of a black armband to protest the Vietnam War) that "students in school as well as out are persons under our Constitution"—then the door was opened to say to school authorities that corporal punishment is a violation of constitutional rights.

What are the specifics of the two main constitutional arguments? The case against corporal punishment as a violation of the Eighth Amendment is based on the idea that such punishment is indeed cruel and unusual. This claim is asserted on several grounds: 1) Since corporal punishment has been eliminated from prisons and the military, schools are the one institution where, as a matter of legal right, children can be physically punished; 2) Many countries in the world have abolished the practice as an unhealthy and unnecessary part of the educational process; 3) It is psychologically cruel to teach children that violence is an appropriate means for handling differences or disputes; and 4) Most importantly, the applica-

tion of physical punishment to children contradicts the cardinal element of democracy, the dignity of the individual. The whole meaning of the Eighth Amendment is rooted in the concept of human dignity, a concept conceived as a humanistic reaction to the use of torture and other barbarous treatment by European nations in punishing people.

The case against corporal punishment as a violation of due process of law rests on two aspects. One is the idea of *substantive* due process, the deprivation of personal liberty, in the instance of corporal punishment invading the physical integrity of the individual. This is often done in an arbitrary or capricious manner by teachers and school administrators without a *reasonable relationship* to a societal purpose. The key words to bear in mind are "reasonable relationship." Despite the claims that corporal punishment is an essential educational mechanism, it does not foster education. To the contrary, it teaches violence, it breeds tension and frustration between student and teacher, and it defeats the purpose of education in a democracy.

The second due process concern is the absence of *procedural* rights. When punishment is inflicted by the state (the teacher or administrator is the state's agent) the individual is entitled to certain elementary procedural guarantees which are central to a fair hearing: notice of the charge, right to counsel, a chance to rebut the charge, and cross examination of complaining witnesses.

To state so definitely that these civil liberties standards have been abrogated does not mean that the law, as interpreted by the courts, agrees with these approaches. The courts have declined, except in certain minimal ways, to adopt the civil libertarian position. Why?

The courts are great believers in the constitutional doctrine of separation of powers. In the area of education the courts have been especially loath to impose their authority on another branch of government, the local school authorities, in determining how to operate the schools. When one remembers that it took 26 years between the Supreme Court's *Barnette* (1943) decision (that the children of members of the Jehovah Witnesses' sect need not salute the American flag) and the *Tinker* decision on children's freedom of symbolic expression, one can see how strongly rooted is the Court's notion of federalism.

While some court decisions in the 1960's demonstrated a sensitivity to children's rights, and their importance should not be overlooked, a strong feeling persists that children are a special class which is not covered by the same blanket of constitutional protection as adults. This attitude, often described as the "social worker" approach, seeks to shield the child from the harsh reality of adversary proceedings and courtroom conflict. The motivation behind this attitude is commendable, but the attitude permits abuses of rights to flourish.

But the most important reason for the courts not rallying behind the civil libertarian position is their concern that elimination of corporal punishment will rob school principals and teachers of the tool necessary to enforce school discipline, to maintain order in the classroom. In adopting the educators' claim, the courts reflect society's broader concern for physical security and protection against violence. Yet this is a short-sighted view. The method of allegedly assuring order, corporal punishment, only fosters further violence and disorder. As in other emotionally charged instances of societal tension and unrest, the simplistic view prevails. The fact that unruly behavior in schools is symptomatic of a deeper, festering sore

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which needs to be treated is glossed over in favor of temporary palliatives for surface symptoms.

Before turning our attention to how the United States Supreme Court is handling the challenge of corporal punishment, we should bear in mind that the weight of lower court decisions has rejected the constitutional arguments, even though there are some differences among the courts themselves. On the Eighth Amendment problem, the courts have divided into three camps: some say there is no violation of the cruel and unusual punishment guarantee, some say yes there is, and others have made no decision on the basic constitutional point but ruled that as applied in particular cases no violation has occurred.

The two-prong due process argument has similarly failed except for agreeing that some attention should be paid to informing students of the reasons why corporal punishment is being imposed. However, the full array of procedural rights has not been given. And most important, since corporal punishment is perceived as a *reasonable* measure for maintaining order in schools and enabling them to carry out their educational function, substantive due process has not been infringed. One due process argument that is making some headway is that of securing parental permission—a form of notice—before the punishment is applied.

All of these approaches blend in two cases before the High Court, one decided in the fall of 1975 and one to be ruled on in this term. To comprehend fully the Supreme Court's action, the facts of each of these cases must be presented. In the North Carolina *Baker v. Owen* (1975) case Russell Carl Baker and his mother claimed that their constitutional rights were violated when Russell, a sixth-grade student, was twice hit with a wooden drawer divider for allegedly violating his teacher's announced rule against throwing balls except during designated play periods. Mrs. Baker had previously requested of her son's principal and teachers that Russell not be corporally punished because she opposed it on principle. Nevertheless, the two licks were given by a teacher in the presence of a second teacher and in view of other students.

The three-judge federal court in the *Baker* case made a number of rulings. First, that the North Carolina law allows the "use of *reasonable* [emphasis added] force in the exercise by school officials of their lawful authority to restrain, correct pupils and maintain order." Second, while parents have the right to control the disciplining of their children, when there is a compelling state interest, the parental right is not absolute. The state does have a countervailing interest in maintaining order in schools, and in the *Baker* case the interest was sufficient to sustain the use of a reasonable amount of corporal punishment. In short, the two licks did not add up to cruel and unusual punishment.

However, the federal court did say that a minimal amount of procedural due process must be given a student before corporal punishment could be inflicted. The court relied on the Supreme Court's ruling in the 1975 *Goss v. Lopez* decision involving the suspension and expulsion of students from school. In that case, the High Court rules that the suspension and expulsion amounted to a denial of education to the students. This constituted denial of a valuable property right, and therefore some degree of due process must be provided. Applying this approach to corporal punishment cases, the three-judge court held that 1) the punishment may never be used unless the student is informed "before hand that specific misbehavior may occasion its use"; 2) corporal punishment

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cannot be utilized as the first form of discipline; and 3) a second school official, the principal or other teachers, must be present and informed in the student's presence as to why corporal punishment is being used before the punishment can be inflicted. Before acknowledging these minimal protections, the court did note that Russell Baker did have an interest in avoiding corporal punishment as a matter of his personal liberty. The court held there is "personal security in small things of life as well as the obviously momentous" and that "the legal system, once quite tolerant of physical punishment in many contexts, has become less so."

The Supreme Court affirmed the *Baker* decision, but without any oral argument. This affirmation of a state statute was taken as the High Court's definitive stand on corporal punishment in schools. But to the surprise of corporal punishment's friends and foes, the Supreme Court accepted for review this term the case of *Ingraham v. Wright* (1977). The case concerned the use of corporal punishment in schools in Florida's Dade County, the sixth largest school system in the country.

The *Ingraham* (1977) case is different than *Baker* in a very significant way, the key point being the use of excessive, not reasonable, physical punishment. Again, a full statement of the facts is essential for understanding what is now before the Supreme Court. The final decision of the full U.S. Court of Appeals for the Fifth Circuit (*Ingraham v. Wright*, 1976a) described the issue as follows:

Plaintiffs James Ingraham and Roosevelt Andrews, two junior high school students in Dade County, Florida, filed a complaint containing three counts on January 7, 1971. Counts one and two were individual actions for compensatory and punitive damages brought under 42 U.S.C. Sec. 1981-88, with jurisdiction claimed under 28 U.S.C. Sec. 1331 and Sec. 1343. Plaintiffs claimed that personal injuries resulted from corporal punishment administered by certain defendants in alleged violation of their constitutional rights, in particular their right to freedom from cruel and unusual punishment.

Specifically, plaintiff Ingraham alleges in count one that on October 6, 1970, defendants Principal Wright and Assistant Principals Deliford and Barnes struck plaintiff repeatedly with a wooden instrument, injuring plaintiff and causing him to incur medical expenses. Plaintiff testified that this paddling was precipitated by his and several other children's disruption of a class over the objection of the teacher. Defendant Wright removed plaintiff and the other disruptive students to his office whereupon he paddled eight to ten of them. Wright had initially threatened plaintiff with five blows, but when the latter refused to assume a paddling position, Wright called on defendants Deliford and Barnes who held plaintiff in a prone position while Wright administered twenty blows.

Plaintiff complained to his mother of discomfort following the paddling, whereupon he was taken to a hospital for treatment. Plaintiff introduced evidence that he had suffered a painful bruise that required the prescription of cold compresses, a laxative, sleeping and pain-killing pills and ten days of rest at home and that prevented him from sitting comfortably for three weeks.

Plaintiff Andrews alleges two incidents of corporal punishment as the basis for his claim for damages in

count two of the complaint. Plaintiff alleges that on October 1, 1970, he, along with fifteen other boys, was spanked in the boys' restroom by Assistant Principal Barnes. Plaintiff testified that he was taken by a teacher to Barnes for the offense of tardiness, but that he refused to submit to a paddling because, as he explained to Barnes, he had two minutes remaining to get to class when he was seized and was not, therefore, guilty of tardiness. Barnes rejected plaintiff's explanation and, when plaintiff resisted punishment, struck him on the arm, back, and across the neck.

Plaintiff Andrews was again spanked on October 20, 1970. Despite denials of guilt, plaintiff was paddled on the backside and on the wrist by defendant Wright in the presence of defendants Deliford and Barnes for having allegedly broken some glass in sheet metal class. As a result of this paddling, plaintiff visited a doctor and received pain pills for the discomfort, which lasted approximately a week.

Count three is a class action brought by plaintiffs Ingraham and Andrews as representatives of the class of students of the Dade County school system who are subject to the corporal punishment policies issued by defendant members of the Dade County School Board. This count seeks final injunctive and/or declaratory relief against the use of corporal punishment in the Dade County School System and can be divided into three constitutional arguments.

First, plaintiffs claim that infliction of corporal punishment on its face and as applied in the present case constitutes cruel and unusual punishment in that its application is grossly disproportionate to any misconduct in which plaintiffs may have engaged. Second, plaintiffs claim that because it is arbitrary, capricious and unrelated to achieving any legitimate educational goal, corporal punishment deprives all students of liberty without due process of law in violation of the Fourteenth Amendment. Plaintiffs also allege that the failure of defendants to promulgate a list of school regulations and corresponding punishments increases the capriciousness of the punishment. Finally, plaintiffs claim that defendants' failure to provide any procedural safeguards before inflicting corporal punishment on students, including adequate notice of alleged misconduct, hearing, examination and cross-examination, representation and notice of rights, constitutes summary punishment and deprives students of liberty without due process of law in violation of the Fourteenth Amendment. (p. 911)

The *Ingraham* (1977) case is especially interesting because there was an earlier decision of the Fifth Circuit which reflected a partial civil liberties view. By a two to one vote the panel said that while corporal punishment per se could not be invalidated, its excessive use was not reasonable and thus violated the constitutional bar against cruel and unusual punishment. The majority said that when such punishment causes obvious physical and psychological injuries, and is systematically administered and inflicted on students who were not given a chance to explain the circumstances of their "crime," the Eighth Amendment guarantee could be invoked (*Ingraham v. Wright*, 1974).

Sensing the importance of this legal decision, the school authorities in Dade County appealed for a re-hearing before

the full bench of the Fifth Circuit. This time the decision went the other way, with 10 judges finding nothing improper with the Dade County school policy or the actions of its school personnel. Three judges adhered to the earlier majority position.

What did the 10-judge majority say? On the key question of cruel and unusual punishment, the court held that this provision of the Constitution does not apply to the administration of educational discipline for two major reasons (*Ingraham v. Wright*, 1976 a):

1. The background of the Eighth Amendment shows that it is concerned only with criminal actions. Historically, the Eighth Amendment reaches back to European practices centuries ago when confessions were extorted from criminal suspects through various forms of torture. A distinction, therefore, must be drawn between criminal behavior and civil penalties such as applied in school situations.

In this vein, while the Eighth Amendment is not applicable to wrongful behavior by school officials, if a teacher or administrator has meted out excessive punishment, there is no reason why the state courts cannot be asked to redress the grievance of such wrongful conduct in a suit for damages. In effect, child abuse can be challenged, but not as a constitutional issue.

2. The argument that since corporal punishment has been banned in prisons, similar punishment should be barred in schools is a poor analogy. In the context of the Eighth Amendment, the two situations are different because, as noted above, prisoners were involved in crimes while students and teachers were not.

The claim that substantive due process is infringed was turned down on the usual ground that the punishment in the *Ingraham* case was not "arbitrary, capricious or wholly unrelated to the state's purpose of determining its educational policy." The appellate court went on to say that "maintenance of discipline and order in public schools is a prerequisite to establishing the most effective learning atmosphere." Hence it is a proper "object" for state and school board regulation. Moreover, since the Florida education law provides guidelines for establishing standards in the use of corporal punishment, there is no evidence of arbitrary action.

The majority expressed no concern about the "individual" instances of punishment, stating that it is not the court's function to determine the difference between applying five or ten licks of the paddle. This section of the majority decision concludes with a subjective statement on the value of paddling, which seems to contradict its view that courts have no right to judge the wisdom of particular school regulations. The majority said, "Paddling of recalcitrant children has long been an accepted method of promoting good behavior and instilling notions of responsibility and decorum into the mischievous heads of school children. We do not here overrule it." (Compare this statement with that of the three-judge federal court in the *Baker* case which said, "And though we accept Mrs. Baker's assertion that corporal punishment of children is today discouraged by the weight of professional opinion, we are also cognizant that the issue is unsettled and probably incapable of categorical resolution.")

The contention that procedural due process was also violated fared poorly in the majority decision. It was rejected on three basic grounds:

1. Due process guarantees are rooted in the idea of fairness measured against the total circumstances of the case, especially the extent to which an individual suffers a *grievous loss* (emphasis added). Since the paddling of students does not amount to a grievous loss, due process standards don't apply.

2. Reliance on the North Carolina *Baker* decision providing some degree of due process is faulty legal analysis. That decision drew from the Supreme Court's statement in the *Goss* case concerning due process in suspension and expulsion situations. But there is an important distinction between the harm suffered by students who are suspended or expelled and students who face corporal punishment, defined by the court "as a much less serious event in the life of the child." The majority also noted the technical point that since the only question before the Supreme Court in *Baker* was whether parental objection could bar the use of corporal punishment, and the defendant school officials did not appeal the lower court's decision on procedural safeguards, the Supreme Court's affirmation of *Baker* did not cover the due process elements in the case.

3. The value of corporal punishment as a tool for maintaining discipline and order would be undermined if it were diluted by a series of elaborate procedural due process protections. The court said, "To require, for example, a published schedule of infractions for which corporal punishment is authorized, would serve to remove a valid judgmental aspect from a decision which should properly be left to the experienced administrator. Likewise, a hearing procedure could effectively undermine the utility of corporal punishment for the administrator who probably has little time under present procedures to handle all the disciplinary problems which beset him or her."

The three dissenting judges, while a small minority, provided a powerful rebuttal which was grounded in many areas on a strong civil liberties rationale.

The minority saw an important distinction between the two licks of the paddle applied in the *Baker* case, which it called "reasonable" punishment, and the kind of excessive beatings noted in the *Ingraham* record. The latter were so severe as to constitute cruel and unusual punishment.

Sharp issue was taken with the majority's position that the Eighth Amendment standard does not apply to school discipline. This is wrong the minority said, because the Constitution must be seen as a document based on evolving standards. While in 1791 when the Bill of Rights was adopted, government punished "solely in retribution for crimes," the scope of the Eighth Amendment is much broader today, since it is applied to a variety of state actions. "Today, government has greatly expanded and provides a multitude of social institutions and public services. The administration of punishment is no longer confined to a criminal setting. It is now employed in public schools." To substantiate its contention that the Constitution is a "living" constitution, the court said that at one time the Supreme Court held the view that "separate but equal" facilities in education was constitutional. Yet in 1954, in the *Brown* case, this ruling was rejected because of new knowledge available about the status of education and the psychological development of children.

Rejecting the majority argument that corporal punishment might be viewed as child abuse to be dealt with in damage suits in local courts, the minority stressed the responsibility of

federal courts to uphold constitutional rights. Citing the precedential case of *Marbury v. Madison* in 1803 which asserted the authority of the federal judiciary over Congressional statutes, the three judges wrote, "School children have a constitutional right to freedom from cruel and unusual punishment when applied under color of state law: Our duty as federal judges is to enforce that right."

The dissent also differed with the majority's view of the due process interests in *Ingraham*. It said that cruel and severe corporal punishment was never justified and the undisputed evidence in the case "amounted to arbitrary and capricious conduct unrelated to the achievement of a legitimate educational purpose." Such conduct contravened substantive due process. Procedural due process was denied in light of the standards set down in the *Baker* case. Heavy emphasis was placed on the fact that there was a grievous loss of rights and a hearing of some kind should have been held, especially in light of the students' protestations of innocence, deprivation of their liberty and the psychological injury suffered.

When the Supreme Court heard argument in the *Ingraham* case in the fall of 1976, opposing counsel debated sharply the underlying philosophy in the majority and minority opinions of the Fifth Circuit opinions. Bruce Rogow, attorney for the paddled children, argued that the Eighth Amendment's prohibition against corporal punishment did apply to the school setting (*Ingraham v. Wright*, 1976 b). Rejecting the notion that the Amendment is reserved only to actual crimes, Rogow said that while the ban on cruel and unusual punishment was enacted in the context of proscribing barbarous methods of punishing criminals, the Supreme Court "has recognized that for a principle to be vital it must be capable of wider application than the mischief which gave it birth." Noting that the corporal punishment inflicted in the *Ingraham* case should be measured against contemporary values, he cited the Supreme Court's decision in *Robinson v. California* (1962) which prohibited the imprisonment of persons for drug addiction. This showed the flexibility inherent in the Eighth Amendment.

Rogow emphasized to the court the excessive and severe punishment involved in the case, adding that whenever an instrument is used to inflict bodily pain upon public school children, the Eighth Amendment is invoked and due process guarantees apply. The children were denied their property right to an education because of time missed from school, the paddling being, in effect, "suspension."

Frank A. Howard, counsel for the Dade County School Board, stressed that the case offered the Supreme Court the opportunity to clarify the scope of the Eighth Amendment by confining it "to punishment collateral to the criminal process" (*Ingraham v. Wright*, 1976 b). He said that corporal punishment in a public school setting involves neither imprisonment nor a deprivation of liberty. He also denied that the punishment imposed on the children was so severe that it approached the level of an Eighth Amendment violation.

Howard also challenged the contention that procedural due process is required before any punishment could be inflicted on public school students. He distinguished between the due process protections set down by the Court in the *Goss v. Lopez* decision, and the *Ingraham* case (1976 a). The former dealt with suspension from the school, whereas corporal punishment is an alternative to suspension. The Florida students suffered no future deprivation, either in schools or in finding jobs.

This summary of the most current legal developments in the struggle against corporal punishment in the schools leaves one major question unanswered. Why has the Supreme Court agreed to review the *Ingraham* (1977) case only a few months after its summary affirmation of the validity of corporal punishment in the *Baker* case?

There is always danger in speculating on the motivations behind a particular Supreme Court action. One is not privy to the judicial debates in the Court's inner councils. Nor does the public realize the technical points in cases which may warrant further review. But if one has to guess why the Court decided to take a second look, the answer might be that the facts of *Ingraham*—the excessive use of force—required clarification of the Court's position. The *Baker* case never reached the essential question of whether corporal punishment is per se cruel and unusual. The facts of *Baker* dealt only with the "reasonable" use of corporal punishment. Perhaps, also, the Court is plowing deeper the whole field of punishment as a follow up to its mixed rulings on capital punishment. Its decisions last July held that the death penalty could be applied only to the most serious crimes, although its definition of "serious" is still incomplete, and that judges and juries had to examine mitigating and aggravating circumstances.

Whatever the Court's reason for accepting *Ingraham*, we should have by the winter of 1977 a decision on the two constitutional issues: cruel and unusual punishment and due process of law. If the decision is affirmative, psychologists, educators, parents and civil libertarians will have an important asset in challenging state statutes allowing corporal punishment. If the decision is negative, the issue must be carried into the political arena where the public and legislators must be persuaded that regardless of constitutionality the practice of corporal punishment is wrong and should be abandoned.

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A Legal Defense For Corporal Punishment In The Schools

remarks of

Frank A. Howard, Jr.

The title of my talk implies a value judgment that corporal punishment must be defended as desirable or as valuable in itself. That's not my position. I'm not qualified to defend corporal punishment with any expertise as a psychologist or a behavioral expert. Rather, I'm a lawyer; and I will try to present to you the legal rationale for the use of corporal punishment by school authorities. I will also present the arguments that have been used by attorneys for school districts, including myself, in the defense against attempts to deprive school authorities of the discretion to use corporal punishment as one of a number of alternative disciplinary measures.

I think we can all agree right away that there is no intrinsic value in inflicting discomfort or pain on a child. The use of corporal punishment in the schools is justified on two traditional grounds. The first is that it is useful to correct misbehavior and to induce desirable behavior in children; and the second, that it is necessary to preserve an orderly climate or atmosphere for learning in the schools. The business of the school is to educate, and without order and attention that function can't be carried on. Now, whether corporal punishment achieves these ends, or whether it does so at the expense of destructive consequences to individual children is another question. The answer is subject to disagreement among educators as well as theorists and practitioners in behavioral sciences.

In general, what I might call the case against corporal punishment faces several formidable obstacles. The first of these is a long history of the acceptance of corporal punishment. We all know the Biblical injunction, "Spare the rod and spoil the child." The second obstacle is the widespread use of corporal punishment, both by parents and by school authorities. The third factor is that corporal punishment is officially sanctioned in most states of this country either by legislative action in written statutes or by common law. (The latter being the process of decision by a court in individual cases). The next obstacle to the case against corporal punishment perhaps is the rising concern these days over disruption and violence in the schools. We see this in the newspapers, see it on television, and judges read newspapers and they watch television too. And finally the very fact that experts do disagree on the utility of corporal punishment makes the courts reluctant to substitute their judgments where experts themselves don't agree.

Let me come to the current state of the law on corporal punishment. You all know that under our federal system we have two fields of law to consider. The first is the law of the states as it is expressed either in statutory law enacted by the legislatures of the states or by the cases that are decided by the courts in the states. Then we have federal law, in regard to this topic we'll be dealing with federal case law because there

is no federal legislation which attempts to regulate or define or restrict corporal punishment within the states. I will not spend a great deal of time dealing with the first field of law, the law of the states. Rather I will simply try to set some predicates with which to continue the discussion.

The traditional legal basis for the use of corporal punishment in the schools is derived from an old doctrine which in Latin is called *in loco parentis*, a concept with which I'm sure you're familiar. It simply means in place of the parent. While the child is in school and subject to the authority of the school principal and school teachers, these school authorities stand in place of the parent with respect to the power to correct or discipline. I'm not sure that I have current statistics on state law throughout the country. I think we're going to have an update on that a little bit later on in the program today. I will take these following statistics from the brief in the Supreme Court (*Ingraham v. Wright*, 1977) which was filed by my opponent, the attorney for the students. Ten states in the country, by statute, permit corporal punishment in so many words. Twenty-three states authorize corporal punishment by giving to school officials the same authority as the parent to discipline children in schools. There are other states which have no written statutes but which by case law permit the use of corporal punishment. There are two states which prohibit it by statute, Massachusetts and New Jersey. There are some local school districts and school boards which prohibit it. I think the District of Columbia, for example, forbids by local rule the use of corporal punishment. There has been an interesting development in my state, Florida. Last year the legislature passed an act which dealt with various aspects of student conduct and discipline. The legislature in that act prohibited the school boards in Florida from forbidding the use of corporal punishment. The legislature was telling the school boards that they may not prohibit corporal punishment throughout their school districts. So we have to try to judge where the pendulum is swinging. The state law, with minor variations, follows well set principles of detailed law. Those principles, in summary, are as follows. Punishment inflicted by a school official on a child must be reasonable or moderate in nature. It may not be administered maliciously or for purposes of revenge on the student. The reasonableness, in any given case, is a question or fact to be determined by the judge or the jury, who must consider all the circumstances of the particular case: the age of the student, the type of misconduct, the number of strokes or licks that were given to the child, and all the factors that entered into the given case. I think it's essential that we all remember that no state sanctions excessive force or unreasonable corporal punishment. School administrators have been and are now always subject to criminal punishment such as charges of assault and battery with fines or imprisonment if they are found criminally at fault. So much for state law.

When we examine federal case law we find that attention to the field of corporal punishment has been a fairly recent development. Since an early case in Texas, (*Ware v. Estes*, 1971) the case law, while not extensive in scope, has developed rapidly over the years. Some of the cases brought to court have been on behalf of individual students seeking damages for claimed excessive punishment. A few of the cases have been brought as broad challenges to the use of corporal punishment, seeking abolition of corporal punishment or restrictions on its use and administration in the schools. The case of *Ingraham v. Wright*, which is my case, is the most significant broad gauge attack so

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far. In thinking now about the federal litigation, the first thing to remember is that the federal courts are limited in their jurisdiction. They are not in the business of enforcing state laws except in some cases where there is a diversity of citizenship between the parties, and that is usually not the case in corporal punishment controversies. In order to get into the federal court and stay there, a litigant must allege and later prove a violation of federal law or a violation of some provision of the U.S. Constitution. Since there is no federal legislation on the subject of corporal punishment this means that a child or a parent who seeks relief must claim some protection under one or more constitutional provisions.

There have been five basic theories advanced in federal cases which have challenged the use of corporal punishment. The first two of these have been arguments that corporal punishment violates the Eighth Amendment. The Eighth Amendment to the Constitution reads as follows: "Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishment inflicted." The cases which have challenged corporal punishment under this Amendment have taken two approaches. One is the claim that corporal punishment in and of itself is a violation of the Eighth Amendment, with any administration of corporal punishment *per se* viewed as "cruel and unusual" punishment. The other approach that has been taken is to argue that corporal punishment, as administered in a particular case, violated the Eighth Amendment because of the severity of the punishment.

The other theories that have been advanced arise under the Fourteenth Amendment to the Constitution which among other provisions prohibits any state from depriving any person of life, liberty and property without due process of law. Now, there are two aspects of this. The first aspect is what the lawyers call "substantive due process" and without trying to get technical, the argument here is the theory, developed in federal case law, that an action by a state or under color of a state law must be rationally related to a legitimate state objective or state purpose. In effect, this doctrine condemns arbitrary, capricious state action which applies to an individual.

The second aspect of the Fourteenth Amendment theory is the so-called "procedural due process" aspect. The case law here has developed the rule that state action, which imposes a significant penalty or a grievous loss or deprivation of some protected interest upon a citizen, must be preceded by some sort of notice of charges, and with some opportunity for a hearing or a conference, and a chance to respond on the part of the person who is to be affected. The purpose of this doctrine is to prevent summary action by state authorities which gives the citizen no opportunity to respond or to be heard. It is a flexible concept rather than just a hard and fast rule. Procedural due process in one context may be a great deal different in another. Take for example, a person facing a criminal trial and imprisonment; procedural due process guarantees him a whole array of rights including the right to counsel, cross examination of witnesses, confrontation, the right to a court reporter, all sorts of rights which the courts have developed. When you come down the spectrum and get into less serious types of actions by the state, the requirements of due process are diluted. If a child is going to be suspended from school, I wouldn't think anyone would consider he is entitled to a lawyer and a court reporter, a judge, a transcript, an appeal and so forth. I make this point to illustrate that the due process procedural theory is flexible depending on the circumstances.

There is a final theory which has been used in some cases, this under the Fourteenth Amendment also. That theory argues that corporal punishment is a violation of the parental right to control the rearing and upbringing of the child.

Now let me finally get to the legal arguments here. I will discuss these points in reverse order. On the issue of parental right, that's the one issue which has been settled by the Supreme Court in the case of *Baker v. Owen* in 1975. A three judge lower court in North Carolina held that as between the parent and the school authorities, while the child is in the public school, the state's interest in correcting misconduct and maintaining order prevails over the parental point of view. So that even against parental objections, the school authorities may choose to use corporal punishment. In a way, that sort of places the *in loco parentis* doctrine beyond the traditional understanding such that the school not only stands in place of the parent but, the court said, the school may overrule the parent by choosing to use this type of disciplinary measure. The Supreme Court affirmed that decision without writing an opinion so we don't have a written expression from the Court on the issue, but we do have a square ruling on it.

The other legal theories—procedural due process, substantive due process, and cruel and unusual punishment—all are illustrated in the case of *Ingraham v. Wright* (1976). Without tracing the history of this case, the U.S. Court of Appeal for the Fifth Circuit, sitting in New Orleans with jurisdiction over Florida as well as other Southeastern states, has ruled squarely on each of these other three issues and upheld the right of the public school authorities to utilize corporal punishment as a disciplinary measure. This decision was made by the full court. There were some differences over procedural points but 10 judges concurred in the entire decision, while three dissented from the decision.

The Supreme Court was asked to review the case by the attorneys for the students and agreed to do so (*Ingraham v. Wright*, 1977). It was briefed fully on the merits of the case, which was argued before the Court in Washington, D.C. on November 2nd and 3rd, 1976. Four parties filed *amicus curiae* or friends of the court briefs, two on each side, so we were balanced. The National Education Association and the American Psychological Association filed *amicus* briefs in support of the students' position. The National School Boards Association and the United Teachers of Dade, which is our teachers' organization in Miami, filed *amicus* briefs in support of my position on behalf of the school board.

I'll discuss the arguments on each of these issues and at the end will try to predict the consequences of the decision, whichever way the Court rules, because I think there may be some misapprehension about what the Court is likely to do in light of the actual issues that have been presented to it. I will begin with the procedural due process argument. The petitioners, that is; the students in the case, argued through their attorney that severe corporal punishment inflicted on a child is a deprivation of the child's liberty. Here we come back to the language of the Fourteenth Amendment. The contention was that "due process" in the procedural sense requires that notice of charges be given to the child (or to his parents) and that the child given the right to be heard, even in an informal manner, before he is punished, and that some neutral third person be appointed to decide whether or not he should be punished and who should inflict the punishment. The legal theory here is reliance upon the Supreme Court decision in *Goss v. Lopez* (1975). That case held that before

a student can be suspended from public school he must be given some very minimal due process procedures. There must be an informal conference, and he must be told why he's to be punished and given an opportunity to respond. So the petitioners in this case argued that corporal punishment stands on the same footing with suspensions, and that the students should have the same rights. My responses, my defenses, were these. First, the argument that due process procedures must be given before severe corporal punishment is inflicted makes no sense. Obviously no amount of due process or procedural steps can legitimize severe or excessive corporal punishment. So the true issue then is whether procedural due process steps are required every time any school administrator intends to administer corporal punishment in each and every case, because you can't limit it to severe cases. The administrator isn't going to sit down ahead of time and say, "Well, I intend to severely and excessively punish that child and therefore I'm going to give him some due process and then punish him." It doesn't make sense. So the issue the Justices have to face, I think, is whether they're going to lay down a nation-wide rule to the effect that in each and every case throughout the country, procedural due process steps have to be taken before any corporal punishment can be used.

In sum, my answer to the suspension case is this. According to the Court's ruling in the *Goss v. Lopez* (1975) case, suspensions involve the deprivation of education. Suspension takes a child out of school and deprives him of the right to be educated, and that's the right the state guarantees him when by law it requires him to go to school and by law guarantees him a free public education. In contrast to that, ordinary corporal punishment, not excessive but ordinary corporal punishment, involves a transitory discomfort and not a permanent serious deprivation which is going to affect the child's future or his career.

Going beyond that we have to look to the interests of the school administrators and to the interests of the public in maintaining order in the schools. American society generally approves corporal punishment as one disciplinary tool for use in the schools, and the federal courts ought not to pre-empt or usurp the local authority to choose to use or choose not to use corporal punishment or to experiment with the regulation of corporal punishment. If the Court lays down a federal constitutional rule requiring due process procedures in every case, then this is going to invade the tradition in this country of local control of education. Beyond that, it would further frighten school administrators who are already threatened with federal courts overseeing their decisions and second guessing routine educational measures which are taken. So the question is really where do you draw the line on procedural due process. If corporal punishment is a grievous enough harm or loss to invoke procedural due process then what about a lot of other decisions that are made by educators? Should a student who risks a failing grade in a course be entitled to due process procedures, a hearing and so forth? That's a grievous loss to the student and it may be a very serious block to his future education and to his career. Do we want the federal courts overseeing those kinds of decisions? Do we want the courts looking at questions of who is eligible to play football and those sorts of decisions? To take it perhaps to the ridiculous, suppose a teacher in the classroom finds the student talking and tells him to shut up. The teacher is acting under color of state law. Has the teacher violated the student's First Amendment rights to express himself? If you keep backing down the

line, you can somewhere get to the ridiculous argument. The question is where do you draw the line? My contention is that *Goss v. Lopez* (1975), the suspension case, ought to be the end of the line and that the Court should not advance one step further into routine educational decisions. Two federal courts have accepted the idea that procedural due process does apply to corporal punishment. All the other federal courts which heard the argument have rejected it, including of course, the Fifth Circuit in *Ingraham v. Wright* (1976).

The second issue, the issue of substantive due process, which I mentioned earlier, is really not an issue before the Supreme Court in *Ingraham v. Wright* (1977). The Supreme Court when it agrees to review a case specifies the issues which it wants briefed and argued. In this case the attorney for the students asked the Court to consider the issue of substantive due process, but the Court did not agree to review on that issue, so I don't expect that the Court will decide anything related to that although we got into it during the oral arguments before the Court. I'll give you the arguments for and against it anyway.

The argument for using substantive due process as a means of restricting or abolishing corporal punishment is that corporal punishment in today's schools is archaic and counter-productive, and that it is unrelated to a valid state objective. This argument was made in my case in the proceedings in the lower courts and in order to make the argument, you have to support it with expert testimony, which was done. The arguments against using the substantive due process approach are those. In the first place, the law in most states, does uphold the use of corporal punishment. So therefore, the state does believe at least that it is a legitimate measure and that corporal punishment does serve a useful state-related purpose. The second argument is that since experts and the educators disagree, the federal courts ought not presume to substitute their judgment on a subject about which the judges are not experts, and upon which the folks who do have expertise disagree. No court has accepted this theory so far, no court has held that corporal punishment is so unrelated to the state objectives that it must be discontinued.

Finally, we come now to the cruel and unusual punishment issue. This is the sexiest issue in the case and it's probably the one that's giving the Supreme Court the most trouble in reaching a decision. In the first place let me say this, because I think it might be important to you; the argument was not made that all corporal punishment is invalid as cruel and unusual punishment. That position was taken in the lower court proceedings. It has never been accepted by any court that has heard the issue, and the attorneys in this case apparently felt that their chances were better to back down and limit their position on this, rather than to try to convince the Supreme Court to abolish all corporal punishment. So that argument was not made to the Supreme Court. What they did argue is that excessive or severe corporal punishment is: 1) action by a state official; 2) under color of state law; and 3) that therefore, as the Eighth Amendment has been used to prohibit whipping of prisoners in state prisons and penitentiaries, it would be a paradox to say that the Eighth Amendment gives no protection to school children who are punished. That's an appealing argument and it gave me a good deal of difficulty.

The arguments that I presented on the other side of this issue are as follows. The first argument deals with the proper scope of the Eighth Amendment itself. In its origin, its purpose, and in its historical application, the Eighth Amendment

has been confined to punishment of crimes or punishments collateral to the criminal process. It has not been directly applied to schools. The second argument rests on considerations of federalism which interplay in all these issues, and that position is that not every wrong that is done by a state official automatically becomes a federal civil rights action. If you allow every child who claims that he was punished beyond acceptable limits to go to federal court and bring an action, where do you draw the line there? If a traffic policeman gives you a ticket and you argue with him and he punches you in the nose, that is a disproportionate penalty for the offense, but do you have a right to go to federal court and have that action examined as a federal case? Beyond that, school children are not defenseless and without any remedy. They have full and adequate state remedies in the state courts for cases of excessive punishment. So that you won't think that the Fifth Circuit is a bunch of cruel old gentlemen sitting in New Orleans approving child abuse, let me read you a quote from the opinion of the Fifth Circuit:

We do not mean to imply by our holding that we condone child abuse, either in the home or the schools. We abhor any exercise of discipline which could result in serious or permanent injury to the child. Indeed, if the force used by defendant teachers in disciplining the plaintiff was as severe as plaintiffs allege, a Florida state court could find defendants civilly and criminally liable for tortuous conduct exceeding the level of severity authorized by [the statutes in Florida]. The basis of such actions is, however, tort and criminal law, not federal constitutional law. We find it neither proper nor necessary to expand the Eighth Amendment beyond its intended and reasonable scope to encompass an action which is essentially based on the commission of a battery. (*Ingraham v. Wright*, 1976)

As for the paradoxical argument referring to the use of the Eighth Amendment to prohibit corporal punishment in prisons, my response here was that prisons and public schools simply are not analogous when you are analyzing this particular issue. Corporal punishment with prisoners is more easily seen or perceived as cruel or unusual, because the prisoners have already lost their liberty. They are confined in an institution, they are subject to other means of correctional misconduct such as isolation in the cells, loss of gain time and things like that which are not applicable to public school students. So you can easily see that no good purpose is served by permitting prison authorities to whip prisoners as a means of discipline when they can use these other measures. Beyond that, the abuse of corporal punishment in prisons is much more likely because prisoners are secluded from the public, they are secluded from their families and they are secluded from the scrutiny of the press. On the other hand, schools are in the business of education, not correction, as prisons are. Students are not confined and they can't be put in a cell and kept there overnight, the schools are open to the parents and to the public and to the press, therefore abuse is less likely to occur in the first place and much more likely to come to light if it does occur. Again we have the question of line-drawing. If corporal punishment is cruel and unusual punishment within the intent of the Eighth Amendment and if it's penal in nature, then what about other school penalties? If a student is expelled from school for chewing gum in his math class, that is a pretty serious penalty. But is the Eighth Amendment to

the Constitution violated? Do we want the federal courts reviewing that sort of decision as cruel and unusual because it is so disproportionate to the misconduct? So we're back really to the same question—should the federal courts be involved in examining routine school disciplinary measures whenever a parent or a student feels aggrieved about something that has happened in school?

In conclusion, I have tried to outline the legal and the policy arguments for and against federal intervention in this area of school operations. The decision by the Supreme Court is going to be of great interest to educators and to everyone who deals in the handling of children, and it very well may be of far reaching importance. It is always risky to speculate or try to predict what the Court will do, but let me venture a few predictions anyway. In the first place, I don't think the Supreme Court is going to abolish corporal punishment. That issue wasn't argued to them even by the attorneys on the other side and I don't see any real chance that the Court is going to go that far. The Court may extend the protection of the Eighth Amendment to students in cases of abusive or excessive corporal punishment. The effect of that will simply be that students will have a remedy in federal courts in addition to the remedies available in the state courts now. The Court probably will not rule on the question of substantive due process, since it did not agree to hear the issue and it was not really presented. The Court may prescribe some form of procedural due process steps as requirements preliminary for administration of corporal punishment by public school authorities. If so, this is going to have implications throughout the country with respect to existing state law and local practices, because if the Court requires some procedures, even minimal in nature, that requirement will become a constitutional rule and any state statute or local board policy in conflict will be invalid. Students will have a right to sue if punished without the procedural steps that the Court may prescribe, whatever they may be.

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A Practical Defense Of Corporal Punishment In The Schools

remarks of

Lansing K. Reinholz

I'm speaking as a school administrator and as a parent. I have three children, ages 16, 14, and 12. The oldest is a boy and the younger two are girls. I've been a school administrator for 11 years, prior to that I was a teacher for three years. I'm not a psychiatrist, I'm not a psychologist, I'm not a counselor, I'm not a lawyer. I'm not anything except a "practitioner" that faces 6,000 children a day, 12,000 parents, a school board of 13 from a community of 40,000 that employs 400 professional teachers. Burlington is a Democratic city in a state that is viewed as a conservative state. But in fact, Vermont is probably the second or third most liberal state in the country in terms of its political attitudes. Therefore, my point of view and point of reference is that there is a practical defense of corporal punishment.

An attorney by the name of Kelly Freis (1975) from Houston wrote:

The authority of a teacher to use corporal punishment as a disciplinary technique is an element of the common law doctrine of 'in loco parentis'. Under the doctrine, a teacher stands in the place of the parent and has the right to use reasonable physical punishment to secure acceptable behavior. Standing alone as an abstract concept and unsupported by the requirements of securing and maintaining an educationable environment 'in loco parentis' loses some of its Blackstonian vitality. The doctrine's loss of relevancy is particularly evident when a parent in whose place the teacher stands does not want the child physically punished. The concept of 'in loco parentis' has almost universally been rejected at the university and college level. Teachers and administrators of public schools stand in some degree 'in loco parentis' to the students. The degree to which teachers and administrators stand 'in loco parentis' appears directly related to the maturity of the individual student and his ability to function independently, conditioned somewhat by his parents' expectations. These factors, together with the existence of compulsory education, the nature of public school scheduling, the financing of the school through local property tax and other environmental factors peculiar to the public school setting are contributing factors to the existence of 'in loco parentis'. (p. 149)

On the other hand, the necessity for the use of corporal punishment as a means of managing behavior in schools arises from two particular sources. First, education is compulsory; children between the ages of 6 and 16 must attend school unless otherwise excused by local or state statute. Secondly, there is often no positive alternative institution to which a child can turn when he/she is suspended from school. In this instance I think the word suspension is appropriate to describe the state of many of these youngsters. If they are suspended from school, where are you going to suggest the parents or

the child go for assistance in obtaining a public education for that child? All of us recognize that public education is desirable; it is desirable for children to learn the basic skills that they need to support themselves and to be contributing members of society. The basic knowledge must come from the public school in this country, for there isn't any other source. Therefore, if we suspend a child from school as a possible alternative to corporal punishment, there is no place to send him/her except to the street. In Burlington, suspensions total about 100 per year, all in the secondary schools. Suspended children under the age of 16 do not end up back in the public school system for the most part. They go to an institution called Weeks School. Weeks School is a quasi-reform school for wayward youngsters. Wayward in this case means some behavior which may or may not be described in state statutes.

I think that as public school administrators or public school teachers we're being derelict in our responsibilities as public employees if we haven't used the alternative of corporal punishment prior to permanently suspending the student and sending him/her down a road where return to the public institution is impossible. Not having a place to send students when we suspend them from school results in a great cost, not only to society, but to the individuals involved. We recognize that.

The difference between what people refer to as the abuse of children and corporal punishment is not the only distinguishing factor with regard to touching children or disciplining children in school. Another term that is thrown about loosely is "physical restraint." There are qualifications that need to be exercised when corporal punishment is about to be considered as a means of punishing the child for inappropriate behavior. Those qualifications are necessary so that the corporal punishment has a beneficial effect and is not a destructive tool. Punishment should not physically harm a child for a long period of time. I'm not talking about abusing the child. I'm talking about leaving marks on the child. In fact, if a force beyond that which is reasonable results in physical harm to the child, then by all means that individual should be tried for criminal assault. I don't think you can find an educator in the country who would say that a person who inflicts such harm should be allowed to stay in the school. By the way, I was not the public school administrator in Vermont, referred to by another speaker, who in 1974 kicked a kid in the stomach. Kicking that kid in the stomach resulted in a court case which the teacher won, interestingly enough. The child was not kicked in the stomach, that was the alleged incident. Those people who are advocating the abolition of corporal punishment consistently put the term abuse right out in the front where the public sees it as being the norm rather than the extreme form of corporal punishment in public schools.

Corporal punishment should not be applied with malice. Again, we are talking about the reasonable use of discipline on a student in the public schools. The grievant, in my opinion, should not do the punishing. In the school the grievant is usually a teacher. As a parent, I don't believe that parents should inflict corporal punishment, spank their child or shake their child at the time that they are grieved. At that time the parent is angry, just as the teacher is angry when the child is disruptive in the classroom. When the parent is angry, he/she is not going to be reasonable. Under normal circumstances he/she is not going to inflict the kind of punishment that he/she would inflict if he/she took five minutes and calmed down and assessed the situation to determine whether, in fact, what

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the child had done really required as stringent a method of discipline as corporal punishment. The same thing should be true of the teacher. If the teacher is the grieved party, then the teacher should not be the person to inflict corporal punishment.

It's not even necessary to say, but I will, because people advocating the abolition of corporal punishment fail to recognize it, that rarely is corporal punishment ever used as the first means of punishment in the school. I've been in public education for 13 years and I've never seen, never, not one time, a teacher or administrator or non-professional employee of the public school system hit a child the first time that a child does something that he/she is not supposed to do in school. I am not going to say that there are not instances of that. I do know of football coaches that have used forearm blows to a player who doesn't do what he is supposed to do on the football field and I think that is abuse. That is not corporal punishment. However, corporal punishment is not the first means of punishment in the school and it should not be. Corporal punishment should, in most cases, be a last resort after all means of appropriate punishment have been used and evaluated. It should be used when all other alternative means of punishment have been tried and have failed. The child should know before hand why he/she is being punished and what he/she is being punished for.

The student receiving the punishment might be given a choice of corporal punishment or suspension if a professional, other than the grievant, deems that this would be a meaningful decision. If we rely so heavily on independence of students today; if we think that they are capable of making all those decisions that people in this country would like to have the students making for themselves, then maybe we should give them the chance to make this decision. Do you wish to receive corporal punishment or do you wish to be suspended from school? Suspension, in this case, means not to return. Those are the last two alternatives when you get to the bottom line in a situation that demands corporal punishment as an appropriate alternative. Which one do you want? I can tell you that I have used that approach. In the 13 years that I have been a school administrator and a school teacher, I can recall and document at least 200 instances where I've administered corporal punishment and that's not all whacking. That's not just using paddles in every instance, but if you shake a student, if you grab a student, if you wash a student's mouth out with soap, that's corporal punishment under the definition of the law. If a teacher grabs a pupil by the ear to make him/her do something, that's corporal punishment. We're not talking about those things just limited to spanking. In all of those instances where I paddled children, as a high school principal, I never once failed to offer the child the alternative of being suspended from school permanently. We're not talking about a three-day suspension or a ten-day suspension. We're talking about a bottom line permanent suspension by a school board. We've already been through the three-day and ten-day suspension route. Never once has an independent thinking child chosen to be suspended from school because in most of those instances he/she wants an education. He/She wants to be some place where people care what happens to him/her. In most instances students choose corporal punishment because they know that we do care. In many of those instances, they come from homes where parents don't care.

The child should not be restrained in order to receive corporal punishment. If you use restraint, you then get into a

situation where a child could get injured. Use of corporal punishment should not involve, needless to say, racial, sexual, social or economic discrimination. The argument that "that's the only language they understand" or that "that child was always beaten at home" is circular. If beating worked, then the child wouldn't be in trouble now. A pampered child from an affluent home would be a more likely person to benefit from a "slap on the ass." Corporal punishment should be used no more than once for a child in a particular school. If the occasion arises where corporal punishment as an alternative is considered but has already been tried, chances are it's not going to be successful the second time. In my experience, I have never found it necessary to use it more than once on the same child.

With the above qualifications, I feel that corporal punishment is a necessary tool for educators. We should stop getting hysterical about the stimulus and concentrate on the needs of the individual and the organization serving that child and thousands of other individuals. The alternatives to corporal punishment are usually less attractive and, in my opinion, much less effective. I am more concerned about the continuous pain caused by boredom, fear, and anxiety among our students. These are things that they face more often than a single occurrence of corporal punishment. In addition, my concern rests with the right of all students to receive an education uninterrupted by a single, individual disruptive student.

I'd like to take just a minute to tell you what happened in Burlington, Vermont. I was invited to speak as an advocate of corporal punishment on the "Good Morning, America" show with Alan Reitman, one of the speakers on the podium this morning. In the State of Vermont, three times, the relatively conservative Legislature turned down legislation to abolish corporal punishment. As a sidelight, this term of the Legislature, which started January 3rd, also had from the State Board of Education a bill for the abolition of corporal punishment. It lasted three days in committee and was killed. Subsequently, the state board deemed it appropriate to regulate corporal punishment by setting up a series of regulations for reporting the instances of corporal punishment which, in itself, was not a bad procedure. No one objected to reporting instances of corporal punishment to the State to prove sufficient cause and documenting the occurrence rate in order to establish a data base. However, the Legislature also attached a regulation which stated that if somebody used corporal punishment and failed to report it, that person could lose his/her teaching license. The administrator responsible in the school could lose his/her teaching license, the superintendent could lose his/her license. You know where that went! The National Education Association opposes corporal punishment, the Vermont Educational Association opposes corporal punishment, the Burlington Education Association, as an association, opposes corporal punishment. However, the teachers do not oppose corporal punishment. Unfortunately, after I got back from New York and the "Good Morning, America" show, my board abolished corporal punishment when the majority of the community was up in arms over the state board's regulation. The Burlington Education Association leadership stood up and applauded. However, of the 401 professional staff employed by the Burlington Public School System, my personal estimate is that 90% of those professional employees insist that it be used as a means of discipline, when necessary, if teachers and administrators are to effectively deal

with some of the students that are in the Burlington Schools.

The deterrent nature of corporal punishment is inescapable. In 1975-76, there were 46 instances of corporal punishment reported to the State from the City of Burlington (State Department of Education, 1976). Eight girls received some form of corporal punishment, the rest were boys. It was not all paddling. Of all the cases that have gone to court in the State of Vermont on charges of criminal assault, not one has been decided in favor of the complainant. The teacher or administrator has been upheld in every single instance. And so, although corporal punishment has been abolished, I work for the school board and therefore I'm not distraught at the fact that it's abolished. I'll work to get it reinstated because I believe in it as a means of disciplining, because we have found that problems have arisen since we've eliminated corporal punishment. For instance, a seventh grade student in Burlington stood up in front of a teacher after being disruptive and told the teacher he could "go plain to hell" because he knew he couldn't be touched. You can see that we have problems in the public schools.

I think it is important to establish the fact that there are alternatives to corporal punishment. There are probably two thousand or two million alternatives, on the bottom line, to corporal punishment. But as other speakers here have said, they are rather expensive because for each individual child, if you're going to have an alternative that you deem more appropriate than corporal punishment, it will be necessary to have people trained in how to implement those alternatives. The university instructors today are not prepared to train the future teaching professionals coming out of college in how to deal with some of our children in the classroom. Until those alternatives are available and used, until the funding is available, then this society must deal with the problems it is faced with currently. Society must get its head out of the clouds and get its feet on the ground in the public schools.

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The Impact Of The *Ingraham* Decision

a paper by

Wallace J. Mlyniec

On April 19, 1977, the Supreme Court decided in a five to four decision that the imposition of corporal punishment can never, no matter how severe, violate the Eighth Amendment's prohibition against cruel and unusual punishment. This decision also held that due process of law did not require a hearing prior to the imposition of corporal punishment. To constitutional law scholars, the case can be seen as a further example of the Burger Court philosophy of limiting access to the federal courts and imposing a very narrow reading of the Constitution. To educators, psychologists and children's advocates, the case can be seen as a reflection of the national division regarding the use of corporal punishment.

In reaching its decision regarding the absence of a federal constitutional right, the Court surveyed the history of the use of corporal punishment in public schools, its current acceptance, the absence of a trend toward its elimination and the existence of a generally open environment in which it is employed. In doing so, the Court found that the Eighth Amendment's prohibition against cruel and unusual punishment did not extend to the public schools. Historically, the case will probably be viewed as much for its significance regarding constitutional law as for its impact on corporal punishment. Nonetheless, the decision's effects on the schools will be immediately felt and publically apparent.

The Court chose to ignore the issue of whether severe corporal punishment is unrelated to any legitimate educational purpose and therefore a violation of the due process clause. However, even the dissenters seemed to adopt the position that moderate corporal punishment would not violate the Constitution. The entire Court did accept the position that the Fourteenth Amendment liberty interest in freedom from bodily punishment and restraint is implicated whenever paddling occurs. The majority believed, however, that current common law protections are adequate to protect that interest.

In terms of the daily enforcement of discipline in the public schools, it appears that the Court merely preserved the status quo. The states may make rules regarding the use of corporal punishment. If they so choose, the citizens of the state or municipality may reject its use entirely through legislation or school board regulations. On the other hand, they may permit the use of corporal punishment if it is restricted by the concept of reasonableness. Traditional considerations are to be used in determining if the punishment is reasonable. These considerations are: 1) the seriousness of the offense; 2) the

attitude and past behavior of the child; 3) the nature and severity of the punishment; 4) the age and strength of the child; and 5) the availability of other effective means of discipline. In addition, individual localities may add other considerations against which reasonableness may be measured. When teachers and principals administer punishment in an unreasonable manner, they may be sued in state courts for damages or may be prosecuted criminally. However, federal courts will not be available for the assertion of Eighth Amendment claims.

Even though the Supreme Court recognized a valid liberty interest in being free from punishments, the Court refused to require a hearing prior to any paddling. Again, the Court did not preclude the citizens of a state or municipality from requiring such a hearing. The Court merely ruled that as a matter of federal constitutional law, it is not required.

Although the decision eliminated the use of federal courts in corporal punishment issues, it did little to settle the corporal punishment debate on the local level. While the Justices seem to have condoned the use of corporal punishment, they do not foreclose attacks on excessive punishments in the state courts. In other words, the decision does not "legalize" corporal punishment. It merely reflects the current lack of consensus among educators on the issue and leaves it to the states to determine whether corporal punishment will be permitted.

Certainly civil libertarians and progressive educators have little to cheer about. School administrators, with the concurrence of the legislature or school board, will retain the right to whip children with little or no check on their behavior. Since a hearing prior to the administration of corporal punishment is not constitutionally required, erroneous decisions to paddle which do not result in excessive punishment will continue to inflict pain and humiliation on children. In many such cases a remedy may be unavailable. It should be noted that even if a judgment or conviction can be obtained in the state court, no judgment will remove the adverse effects of the whipping on the child.

What lies ahead for those opposed to corporal punishment is an immense lobbying and public education program to convince parents, legislators and school board members of the dangers of corporal punishment and its lack of educational value. As in other areas of civil liberties, the Burger Court has removed the federal forum as a battling ground for this issue. The struggle must now be taken back to the local jurisdiction and won in legislative debates.

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(This paper was written especially for inclusion in the published proceedings. It was not presented at the conference.)

A Review Of Research On The Effects Of Punishment: Implications For Corporal Punishment In The Schools

a paper presented by

Anthony F. Bongiovanni

The use of corporal punishment as a sanctioned method of controlling children's behavior in American schools poses one of today's most complex and controversial issues for those concerned with the influence of education upon the development of children. To the surprise of many, the hitting of children in school as a means of discipline is far from extinct. In fact, as an institutional practice, it is widespread and often encouraged (Hyman, 1976; *Ingraham v. Wright*, 1976; Mauer, 1974).

The advent of child protection and advocacy attitudes has played an important role in calling public attention to corporal punishment in schools. Many organizations have been established to abolish it as an acceptable practice in American education (Hyman, 1976). The American Psychological Association's Task Force on the Rights of Children and Youth considers corporal punishment a form of child abuse. A federal case to legally abolish or curtail the indiscriminant use of corporal punishment in schools is pending (*Ingraham v. Wright*, 1976).

Central to the issue are questions of the effectiveness of punishment in producing durable behavior change, the various factors which influence punishment, and the incidence and influence of negative side-effects when punishment is administered to children within the school. As one looks to the empirical research on punishment, it is certain that the answers to these questions have not been clearly delineated. This is due to the complexity of the punishment procedure and the limitations of our present experimental designs to isolate and control the numerous factors which influence the outcome of punishment (Azrin & Holz, 1966; Church, 1963; Estes, 1944; Johnston, 1972; Solomon, 1964). Studies concerning the effects of corporal punishment, as one form of punishment within the schools, are non-existent.

Beyond the issues of variable complexity and experimental design lies a more basic issue, that of defining punishment. Punishment has long been associated with the familiar dictionary usage which infers pain, suffering, penalty, and retribution. The intention of punishment is assumed to be the maintenance of authority or order (Mauer, 1974). The field of experimental psychology has only been partially successful in attempting to define punishment more precisely and objectively.

The present literature appears to offer two major definitions of punishment which differ primarily on the issue of the presence of aversiveness. One definition calls for "a reduction of the future probability of a specific response as a result of the immediate delivery of a stimulus for that response" (Azrin

& Holz, 1966, p.381). This definition makes no reference to aversiveness. The focus is upon the future reduction of responding. The other definition, which is more prevalent, subscribes to "the presentation of an aversive stimulus consequent upon a response" (Myers, 1975, p.4). This definition makes no reference to response-reduction, but focuses upon the presence of aversiveness. A major problem of the latter definition is the failure of most researchers to demonstrate the actual existence of aversiveness (Bercez, 1973). Therefore, due to the inadequacy in definition, one cannot definitively explain the success or failure of most "punishment" procedures. If aversiveness is indeed a necessary requisite of punishment, it is important to evaluate its presence and its degree when applying punishment to humans (Bercez, 1973).

The effort to empirically define and categorize corporal punishment is particularly difficult and is not without controversial aspects (Mauer, 1974; Myers, 1975). Such attempts are confounded by distinctions made between pain and aversiveness, and whether the pain is physical and/or psychological. In a recent comprehensive review of the punishment research, Johnston (1972) states, "It should be noted that there is neither stated nor intended any implication that the consequent stimulus must be in any way painful to the subject or experimenter" (p. 1034). Yet, the majority of the research under review includes the presentation of shock ranging from mild to severe in intensity.

Myers (1975) makes some noncommittal attempts to classify corporal punishment into the existing literature. He eludes to the painful quality of corporal punishment and defines it as, "pain inflicted upon the body of a person by another with or without some sort of painful instrument" (p.9). He hints at classifying corporal punishment within a "presentation of stimuli" group along with shock, and at the more intense end of an implied continuum of severity. However, he does refrain from explicitly doing so, due to the paucity of research on corporal punishment. There were no attempts to clarify the physical/psychological dimension.

Since corporal punishment, like the presentation of shock, includes the administration of a physical stimulus upon the body and is primarily used to reduce the future probability of a response, this writer contends that they are similar forms of stimulation. In addition, since a reduction in response is the typical consequence, it makes sense that some degree of what our English language defines as pain or aversion is present. Therefore, in this paper, the term "punishment" will be restricted to aversive stimulation applied to an organism. In this respect, aversive stimulation is differentiated from other forms of punishment. The distinction made between animal research performed within the confines of a laboratory and applied research with humans, presents another source of difficulty when reviewing research. It appears that laboratory researchers have failed to recognize, or have underemphasized the reality of education and human customs; while those involved in field research have underemphasized the scientific findings and principles of the laboratory. Such an approach has inevitably resulted in misunderstanding and misinterpretation (Mauer, 1974). In effect, dual approaches to research on punishment have resulted, and at times these approaches are mutually exclusive.

Inherent to the problem of duality is the question of generalizing the results of animal research to humans, especially in light of the paucity of human research in the area of punishment, and particularly corporal punishment. This writer agrees

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that full caution and a sense of conservatism must always be applied when extrapolating the results of animal research to problems of methodology with humans. However, with such caution in mind, there is no valid reason not to utilize the knowledge gained in the area of punishment on animals when examining the issue of corporal punishment in schools. The solution to the problem of generalizability would be to allow research on corporal punishment within our schools. This research would include allowing school personnel to physically strike some children and not others. Only with such research would it be possible to approximate the knowledge gained with animals. Such a solution would be extremely limited in application due to the stated moral, social, and ethical taboos of American society (Baer, 1970; Johnston, 1972; Solomon, 1964). This writer does not advocate full-scale research on the effects of corporal punishment in the schools. However, it is highly ironic that on the one hand we view such research as morally and ethically wrong; while on the other, we legally allow and often advocate the use of corporal punishment within the schools.

The purpose of this paper is to review in a systematic manner the empirical research on punishment and the numerous factors which influence its effectiveness. Unlike other reviews (Azrin & Holz, 1966; Church, 1963; Estes, 1944; Johnston, 1972; Solomon, 1964), the findings will be directly applied to the question of the efficacy of corporal punishment in the schools. In applying the research findings, it is necessary to recognize two basic assumptions of education. The first is that any educational method should be used as effectively as possible to maximize the potential of the child. The second is that the best interest and welfare of the child should always be paramount to school personnel. In light of the reviewed research on punishment, this paper will demonstrate that corporal punishment cannot be effectively applied in the schools and that the use of corporal punishment is potentially harmful and contrary to the best interest and welfare of the child.

The characteristics of the punishing stimulus itself have been found to influence the ultimate effectiveness of punishment (Azrin & Holz, 1966). Five such characteristics have been identified which should be adhered to as closely as possible, even with humans. First, the punishing stimulus should be accurately described and measured. To the extent that such preciseness is not possible, the future use of the same stimulus may yield different results. School personnel would find it extremely difficult, if not impossible, to define and measure the intensity of slapping or paddling. Second, during the application of punishment, the stimulus should have consistent contact with the subject. Such contact or impact again would be all but impossible to define in the classroom. Third, the punishing stimulus should not allow for any escape or behavior which would minimize the effect of application. Therefore, any escape behavior on the part of the student, such as running away or even flinching, would tend to minimize the effectiveness of a slap or paddling. Fourth, there should be few skeletal reactions to the stimulus, for such reactions would also tend to minimize the effectiveness. Such control is not even achieved within the confines of a laboratory, much less within a classroom. Fifth, the intensity of the punishing stimulus should be variable so that differential effects may be produced. Again, such control over the intensity of a blow would be unlikely. Therefore, from the empirical standpoint of creating an effective punishing stimulus, school personnel would not be likely to approximate such

criteria. If by some miracle, school personnel were able to acquire such characteristics, there would surely be no place for such a "person" within a school.

Once the punishing stimulus is specified, the manner in which it is introduced has received much attention in the research (Azrin & Holz, 1966). The most effective means of introduction appears to be comparable to complete surprise, with no anticipation of the occurrence of punishment. When punishment is applied suddenly, the initial response reduction is greatest. As punishment is introduced more gradually, the subject has opportunity to become habituated, and may continue to respond at a high level regardless of any subsequent increase in punishment (Azrin, Holz, & Hake, 1963; Masserman, 1946). The degree of response suppression is also contingent upon the manner of introduction. It has been demonstrated that gradual introduction produces less suppression (Azrin, 1959a, 1959b). This information would suggest that school personnel be able to apply corporal punishment with an element of surprise. The child should receive no anticipatory cues. Such a capability would be highly limited within the classroom, time consuming, and contrary to the role of school personnel in education.

Related to the manner of introduction is the relationship between the timing of the punishment (immediacy of delivery) and the occurrence of the undesired behavior. The most effective use of punishment calls for application which is almost simultaneous with the occurrence of the behavior to be reduced (Azrin, 1956, 1958; Azrin & Holz, 1966; Parke & Walters, 1967). Any delay in punishment leads to a lowered degree of effectiveness. The form of the delay of punishment gradient is directly proportional to the length of the time delay (Banks & Vogel-Sprott, 1965; Butler, 1958; Camp, 1965). Therefore, school personnel would need to be minute men, ready to jump at the detection of undesirable behavior. One may wonder how such an ability would effect the classroom process.

The issue of timing poses a complex and potentially dangerous problem for school personnel. Human behavior is not simple and isolated. Rather, behavior occurs in complex sequences of events or motions, with each event capable of influencing the next. The execution of an undesirable act consists of initial or preparatory behaviors which may be very subtle and undetectable. As the sequence continues, these behaviors may become associated with reinforcement, which will tend to maintain or facilitate the development of the behavior sequence (Mower, 1960a, 1960b; Solomon, 1964; Walters & Demkow, 1963). Therefore, to suppress an act, it is beneficial to apply punishment during the initial or preparatory stages in order to achieve maximum effectiveness. This appears to be particularly true with human behavior (Aronfreed, 1965; Aronfreed & Reber, 1965; Birnbrauer, 1968; Walters & Demkow, 1963; Walters, Parke, & Cane, 1965). As one waits for the act to be completed prior to applying punishment, the risk of having the effects of punishment counteracted by reinforcement increases with time (Walters & Demkow, 1963). In administering corporal punishment, it seems that school personnel would experience problems in attempting to adhere to immediate application. The detection of the subtle, preparatory behaviors may prove to be impossible in light of the number of children in a classroom and the busy time-schedule of personnel.

Still another problem is present in relation to timing and delay. Research indicates that many behaviors, which may be

separate from the undesired behavior, can occur during delays in the application of punishment (Johnston, 1972). Therefore, delayed delivery of punishment increases the likelihood of actually punishing a behavior quite different than the behavior in question. Such punished behavior may be very appropriate to school. The common method of punishing a child after school for behavior which occurred in the morning is doomed to failure.

The intensity or strength of a punishing stimulus has been a factor which has received much attention in testing the effectiveness of punishment. In general, the higher the intensity, the greater the response suppression (Azrin & Holz, 1966; Church, 1963; Johnston, 1972; Solomon, 1964; Parke & Walters, 1967). At lower levels of intensity, the punishing stimulus may serve as a cue to future behaviors, a discriminative stimulus, a response intensifier, or a secondary reinforcer. Each of these effects, which will be discussed later, may serve to reverse the intended effect of punishment. The inhumane implication for school personnel is that the most intense blow should be used to maximize effectiveness. Inherent in such an implication is the danger of inflicting physical damage.

However, intensity-of-punishment-studies on children have demonstrated that the effects of various intensities may well depend upon the task or behavior in question (Aronfreed & Leff, 1963; Feldman, 1961). In general, the higher the intensity, the greater the response suppression, provided that the task is relatively simple in nature. On tasks which are more complex, high intensity punishment tends to be less effective. One explanation is that at high levels of intensity the punishment of complex behaviors may lead to a level of anxiety which is not conducive to learning (Aronfreed & Leff, 1963). Intensity poses a very practical problem for school personnel, in that there is no simple or efficient manner of knowing how intense a blow is, nor is the human control of such behavior consistent over time. The issue is further complicated by the distinction made between simple and complex behavior.

The scheduling of punishment, or how often punishment should be applied, is another important aspect to be considered. Thorough studies have demonstrated that punishment is most effective when it is applied to each and every occurrence of the undesired behavior (Azrin, Holz, & Hake, 1963). Varying the application over ratio or interval schedules yields less effective results (Azrin & Holz, 1966). Studies of interval punishment have demonstrated that responding will continue at lower levels until just prior to the anticipated punishment, at which time it will approach a rate of zero (Appel, 1968; Azrin, 1956). Therefore, the anticipatory effect related to the onset of punishment allows for the maintenance of the behavior when punishment is not imminent. Research with humans on the effects of various schedules of punishment (even non-physical types) is lacking. Such research would prove helpful to those concerned with the application of punishment in applied settings (Johnston, 1972). The present implication for school personnel is that undesired behavior should be punished on each occurrence for the most effective results. Any application less than such will allow for the occurrence of the behavior at some consistent rate. The ability of students to anticipate when they are in fact to be punished detracts from maximal effectiveness. To be constantly aware of undesirable behavior and to take the time to punish that behavior on each occurrence would require the majority of school personnel time and attention. The focus of education would unnecessarily be upon undesirable behavior, rather than

learning and the fostering of desirable behaviors.

When employing a punishment procedure as a means of reducing undesirable behavior, it is imperative to ascertain how long and to what extent that behavior has been maintained by reinforcement. In short, how strong is the behavior to be eliminated? The fact that such behavior exists is evidence that it has a history of prior and concurrent reinforcement. In such circumstances, punishment is usually employed to counteract the concurrent reinforcement with the intention of decreasing the frequency of the behavior (Azrin & Holz, 1966). In general, the greater the history of the reinforcement of a behavior (especially concurrent reinforcement), the more resistant that behavior will be to the effects of punishment. Therefore, any reduction in the reinforcement of an undesired behavior will serve to facilitate punishment. To the extent to which concurrent reinforcement is allowed to exist, there will be resistance to punishment (Azrin, 1956, 1959b, 1960a, 1960b; Azrin, Holz, & Hake, 1963; Brethower & Reynolds, 1962; Holz & Azrin, 1961). Behavior maintenance by sources of reinforcement presents a major problem in utilizing punishment in applied settings such as schools. It is highly impractical, and probably impossible, for school personnel to control and eliminate the numerous sources of reinforcement of a particular behavior deemed as inappropriate in schools. Many behaviors such as talking, laughing, and moving about are frequent, daily behaviors which occur at various times and in numerous settings. Such behaviors often result in pleasure or reinforcement which tends to strengthen or perpetuate them. Within the school setting, such behaviors are not only required at various times but are permitted and encouraged to varying degrees by different personnel. To control and attempt to minimize the reinforcement of such behaviors, in order to maximize the punishment of them in a particular class, would require a comprehensive analysis of the child's life. Such a task is beyond the capability of most school personnel.

The availability of a second response or alternative behavior, which is reinforced and not punished, has been found to facilitate the reduction of a punished behavior (Herman & Azrin, 1964; Holz, Azrin, & Ayllon, 1963). It appears that in a punishment situation where a previously reinforced behavior is being punished, the presence of an alternative behavior which is capable of earning similar reinforcement will make the individual less likely to behave in a manner which will be punished. In the majority of cases where corporal punishment is used, the child is not offered an alternative response which is appropriate and reinforced. Once again, the focus is upon undesirable behavior and not upon the creation of desirable behavior, which would be more conducive to education.

A punishing stimulus, like any other, may come to serve as a discriminative stimulus or signal for some forthcoming event that may ultimately hinder or facilitate the effects of punishment (Azrin & Holz, 1966; Holz & Azrin, 1961, 1962). When punishment signals the subsequent occurrence of reinforcement within the environment, the effects of punishment tend to be negated. As a result of signaling reinforcement, humans have demonstrated both maintenance of punished behavior (Ayllon & Azrin, 1966) and even an increase in the rate of the punished behavior (Azrin, 1958), in order to receive the subsequent reinforcement. In such instances, the individual actually works for punishment and seemingly enjoys doing so. Therefore, it is always preferable to have punishment signal that no reinforcement is forthcoming in order to produce the desired effects of punishment. Such a situation requires both a thor-

ough knowledge of what is reinforcing for the individual and the ability to control such events (Lovaas & Simmons, 1969). The school situation may be particularly resistant to such safeguards since a multitude of social reinforcement may maintain or even increase undesirable behaviors. Personnel may have to control for peer attention, laughter, etc. as possible contributors in maintaining undesirable behavior. A student who does not enjoy participating in a certain class or exercise, may actually come to enjoy a paddling which keeps him or her from having to participate. In such a case, the behavior which led to the paddling may be strengthened. Again, school personnel would be inadvertently working toward their own and the child's peril.

As stated previously, it is preferable to have punishment signal the absence of reinforcement. However, this situation may also be to the disadvantage of the child if he or she must be kept from participating in enjoyable activities that facilitate the educational process. By isolating a child after paddling, he or she is kept out of the educational process and is placed within a vulnerable situation which may in turn come to acquire reinforcing properties.

Thus far, we have discussed specific variables which have been demonstrated to influence the effectiveness of punishment in reducing the frequency of a behavior. Research has also identified characteristics of the punishing process—in total, which may be applied to certain questions about the outcomes of punishment (Azrin & Holz, 1966). A frequently asked question is, "How rapid are the effects of punishment?" If punishment is indeed effective, (and this is dependent upon the variables previously discussed), the effects are immediate and drastic in reducing the rate of the behavior. This phenomenon has been well documented in animal studies (Azrin, 1956, 1959a, 1959b). With humans, the initial effect is even more dependent upon the control of the discussed variables, and thus results in more variation (Johnston, 1972).

The duration of effect and the permanence of response suppression is another major concern. The permanence of suppression, or the actual decrease in the rate of the behavior in question, appears to be a direct function of the intensity of the punishing stimulus. Depending upon the intensity, response suppression can range from slight to absolute zero (Azrin & Holz, 1966).

The recovery of punished behavior has been demonstrated to occur both during and following the punishment procedure, and is primarily a function of intensity and schedule of punishment. Recovery during punishment is primarily a function of punishment intensity. When intense levels of punishment are applied to each occurrence of behavior, little or no recovery may be expected. Lower levels of intensity can be expected to yield varying rates and degrees of recovery (Azrin, 1956; Holz & Azrin, 1962a; Hake & Azrin, 1963, 1965). Even under well controlled conditions, unexplainable increases in behavior have been observed (Azrin & Holz, 1966). When punishment is actually terminated, there is generally an increase in punished behavior. Such increases should be expected unless specific steps have been taken to avoid the post-punishment rate increase (Johnston, 1972). Following the termination of continuous punishment, increases in response rate which actually exceeded the unpunished level have been demonstrated. Such compensatory responding occurred temporarily and then returned to the unpunished level (Azrin, 1960b). The presence of compensatory responding appears to be a function of intensity and prior suppression.

In contrast to the immediate recovery of behavior which was punished continuously, intermittent punishment tends to produce a more gradual increase in the recovery of the punished behavior (Azrin, Holz, & Hake, 1963). In studies performed on humans, the recovery in response rates following the termination of punishment varied from being immediate (Baer, 1962; Barrett, 1962), to gradual (Risley, 1968), to none at all (Banks & Locke, 1966; Hamilton & Allen, 1967; Lovaas & Simmons, 1969). The type of recovery will depend upon the control and relationship of the variables discussed, especially those of intensity, punishment schedule, and the amount of concurrent reinforcement available. In light of the difficulty of controlling such variables within the school setting, educators should expect the recovery of the undesired behavior following punishment. Unless all variables are constantly controlled, the efficacy of corporal punishment as a method of producing durable change in undesired behavior is extremely limited.

The generality of punishment effects is another major question. Will the behavior punished in one situation generalize to other situations where it is not punished? In general, the effects of punishment tend to be specific rather than general. Initially, there may appear to be a lowered level of responding in a situation where the response has not been punished. However, such an effect is very temporary and usually leads to a higher level of responding in the non-punishing situation (Azrin & Holz, 1966). Therefore, the sharpening of the difference between the presence of the punishing stimulus in a punishing setting, and its absence in a non-punishing setting, tends to decrease the probability that a behavior will be reduced in non-punishing situations (Terrace, 1966). Since behavior is maintained by the flow and sequence of stimuli within the environment, it is inappropriate to expect the effects of punishment to generalize to different settings (Baer, Wolf, & Risley, 1968; Birnbrauer, 1968; Risley, 1968).

Johnston (1972), in his review of the generality effect of punishment, eludes to the problems a teacher may encounter when using punishment to decrease the out-of-seat behavior of a child. With the appropriate control of variables, the teacher may be successful in reducing such behavior in the homeroom where he or she is in charge. However, to decrease such behavior in following classes, special arrangements of the environments will be necessary and other teachers may have to implement the same punishment procedure. Nonetheless, the results cannot be guaranteed nor should they be expected. When corporal punishment is the method of choice, the child may need to be physically punished in several different classes and by a number of teachers. Such coordination may be difficult to establish, and the social controls, all but impossible to achieve.

As stated previously, an educational method should be used as effectively as possible. By reviewing some of the basic principles in which the punishment procedure is arranged for maximum effectiveness (Azrin & Holz, 1966), it is possible to create a hypothetical procedure for using corporal punishment most effectively. At the outset however, it should be made explicitly clear that the purpose for outlining the following hypothetical procedure is to illustrate how impractical such a procedure would be, and to demonstrate its inappropriateness in a humane and educational school setting.

1. The individual administering the punishment should arrange the environment in such a manner as to prevent the student from escaping.

2. The individual administering the punishment should use as intense a blow as possible.
3. The same form of punishment should be applied each and every time the undesired behavior occurs.
4. The punishment should be delivered immediately, preferably during the preparatory stages of the undesired behavior.
5. The punishment should not be introduced gradually, but quickly and with the element of surprise.
6. Extended periods of punishment should be avoided, so as to curtail any compensatory recovery.
7. The punishment should not be associated with any forthcoming pleasure or reinforcement in order to avoid the punishment becoming a discriminative stimulus for reinforcement.
8. Strict control over sources of reinforcement of the undesired behavior should be exercised at all times.
9. Alternative behaviors which are capable of earning the same reinforcement as the undesired behavior should be made available.

Beyond the absurdity of the above school situation, it must be stressed that the successful use of punishment cannot be reduced to these basic principles alone. Each case is unique and requires individual analysis of the behavior in question. To the extent that a comprehensive analysis of the behavior cannot be made, the ultimate effectiveness of punishment will decrease.

Inherent in the use of punishment is the potential of producing a number of negative side effects which may serve to hinder the effectiveness of punishment and to facilitate the development of socially disruptive and aggressive behaviors.

In applied settings, such as schools, punishment may result in uncontrollable changes in the environment which affect the frequency of the undesirable behavior after punishment has been terminated (Johnston, 1972). Several studies have demonstrated a sudden increase in new behaviors following punishment (Lovaas & Simmons, 1969; Risley, 1968; Wolf, Risley, Johnston, Harris, & Allen, 1967). Although the reported changes in these studies were positive in nature, they were uncontrolled, unexpected, and fortuitous. Therefore, undesirable behaviors may have resulted following punishment. The post-punishment behavior patterns must always be considered, since they may serve to facilitate or complicate the reduction of undesirable behavior (Johnston, 1972). School personnel should therefore consider and attempt to anticipate the possible classroom changes which may occur after a child is physically punished.

The use of punishment has been demonstrated to produce strong emotional concomitants (Brady, 1958; Maier, 1949; Solomon & Wynne, 1954). The effects of aroused anxiety and stress may have a profound influence on subsequent behaviors and tasks. Illustrative of the strength of conditioned anxiety is the prominence of behavior therapy techniques, such as aversion therapy and sensitization, to inhibit undesirable behaviors (Wolpe, 1958). Research on punishment often depends upon the gross observation of behaviors designated as "emotional." Often, such behaviors are considered important for discussion only if they result in chronic behavior disturbances (Azrin & Holz, 1966). Emotionality does not have to appear in observable behavior, especially in relation to humans. To the extent that stress may result from physically punishing a child, school

personnel need to evaluate its possible negative effects upon personal, social, and academic development.

Of prime importance is the potential of punishment to produce socially disruptive behavior. "It is in the area of social disruption that punishment does appear to be capable of producing behavioral changes that are far-reaching in terms of producing an incapacity for an effective life" (Azrin & Holz, 1966, p. 439). When a specific behavior is punished, we usually expect that behavior to decrease, while expecting relatively no change in other behaviors. However, punishment tends to negatively reinforce any behavior which is successful in terminating or avoiding the punishment. In this respect, any behavior which a child finds to be successful in terminating or avoiding the punishing stimulus will be strengthened. Such a side-effect may appear especially relevant to the increasing incidence of truancy, tardiness, and dropping out of school (Azrin & Holz, 1966). To the extent that a student employs one or more of these behaviors, he or she may be successful in avoiding or escaping further punishment. Since the school environment offers a major source of personal, social, and cognitive development, such negative side-effects represent a major problem. Azrin and Holz (1966) state:

The end result would be termination of the social relationship, which would make any further social control of the individual's behavior impossible. This side-effect of punishment appears to be one of the most undesirable aspects of having punishment delivered by one individual against another individual since the socialization process must necessarily depend upon continued interaction with other individuals. (p. 440)

For obvious reasons, such an incident within the school would tend to have a devastating effect upon the student-teacher relationship which, in turn, would negatively effect the educational development of the student.

Aggressive behavior as a form of retaliation against punishment is another potential negative side-effect which warrants much concern. Research has identified two types of social aggression which often result from the use of painful punishment. The first type, called operant aggression (Delgado, 1963), is a direct attack against the source of the punishment with the intent of destroying or immobilizing the punisher. It appears that such aggression is maintained by the potential favorable consequence of terminating the punishment. When such behavior is successful, it becomes a negative reinforcer and is more apt to occur in the future under similar circumstances. The implication for school personnel using corporal punishment is obvious, especially at the junior and senior high school levels.

The second type of aggression is termed elicited aggression (Ulrich & Azrin, 1962). Elicited aggression appears to occur when an individual is physically punished in the company of others. Unlike operant aggression, elicited aggression is directed towards others in the environment and not at the source of the punishment. The incidence of elicited aggression has been demonstrated to exist in several species and to be elicited by several forms of painful stimuli (Azrin, 1964; Azrin, Hutchinson, & Sallery, 1964; Hutchinson, Ulrich, & Azrin, 1965; Ulrich & Azrin, 1962; Ulrich, Wolff, & Azrin, 1964). Therefore, elicited aggression appears to be a general response to painful stimulation. Azrin and Holz (1966) state, "Since physical punishment requires the delivery of aversive stimulation, this social aggression would be expected as an

elicited reaction to physical punishment" (p. 441). Again, the implication for school personnel is obvious. However, with elicited aggression, innocent classmates who have no relationship to the undesired behavior under punishment may be the target of physical aggression. The safety and welfare of other students should be a major concern of school personnel who use corporal punishment.

In addition, inanimate objects have also been demonstrated to be the targets of elicited aggression (Azrin, Hake, & Hutchinson, 1965; Azrin, Hutchinson, & Sallery, 1964). Therefore, the damage of physical property such as books, desks, and windows may also be expected as a result of corporal punishment.

When considering the potential for avoidance behavior, operant aggression, and elicited aggression as negative side-effects of punishment, Azrin and Holz (1966) state, "These three disadvantages seem to be especially critical for human behavior since survival of the human organism appears to be completely dependent upon the maintenance of harmonious social relations" (p. 441).

Finally, the use of corporal punishment by school personnel provides the child with a real-life model of aggressive behavior which has been demonstrated to be imitated by young children (Bandura, 1962; Bandura, Ross, & Ross, 1961, 1963; Bandura & Walters, 1963). Not only do children imitate such aggressive behaviors, but they also tend to employ these aggressive behaviors when faced with frustration in their own lives. In a study in which children observed a model being punished, a learned fear reaction was demonstrated to have occurred although they were not the recipients of any punishment (Berger, 1962). The implication for school personnel is that the use of corporal punishment may provide a living model of aggression which may be imitated by the classroom children. Such a model may provide a problem-solving method which can be utilized by the child in various settings. In addition, by visibly punishing a child in the presence of others, the other children may become fearful and anxious. Such conditions are not conducive to socialization or learning.

The available research on punishment, when applied to corporal punishment in the schools, suggests that corporal punishment is ineffective in producing durable behavior change, is potentially harmful to students and personnel, and is highly impractical in light of the controls necessary for maximal effectiveness. The maximal effectiveness of corporal punishment can only be achieved by close adherence to the basic principles and factors which have been shown to influence its ultimate effectiveness as a behavior-reducing method. In light of the role of school personnel in education and the welfare of the student, corporal punishment appears to be impractical, time consuming, and contrary to the goals of education.

The potential of social disruption constitutes the primary disadvantage of corporal punishment. In light of these negative side-effects, the possible reduction of undesirable behavior should clearly be secondary in importance. The need for discipline and adherence to rules is a necessary part of education. However, there are several alternatives to corporal punishment which may be utilized by school personnel.

Those who defend the use of corporal punishment as a practical method tend to view the practicability issue from the perspective of school personnel only. As a method, it can be applied by anyone, there is no need for any type of specialized training, it can be applied in all settings, and no special equipment is necessary. The fact that most school personnel are

physically stronger than the children makes corporal punishment especially attractive. In defense of corporal punishment, Killory (1974) cites four criteria of punishment which should be considered. First, it should result in the greatest behavior change. Second, it should demand the least effort on the part of the user. Third, it should result in behavior that is relatively permanent. And fourth, it should produce minimal side-effects. This writer contends that each of these criteria have been negated by the available evidence presented in this paper.

In conclusion, education in America should reflect the most advanced state of research knowledge and moral development. Only school children may be punished physically in our society. The remarks of Azrin and Holz (1966) seem especially appropriate, "At the institutional level, it would seem to be quite possible to eliminate the use of physical punishment. Conceivably, administrative regulations could be altered such that public punishment in the form of flogging, spanking, or other physical abuse would be excluded" (p. 438). However, official regulations need not be prerequisite to end the use of corporal punishment within the school. School personnel are capable of evaluating the efficacy of corporal punishment on an individual basis and making a personal decision not to utilize it within their own classroom. This writer hopes that the data and potential dangers discussed in this paper will provide enough evidence for school personnel to adopt alternative methods of discipline and to end the use of corporal punishment against students.

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All In The Name Of The 'Last Resort'

remarks of

Adah Maurer

The most common defense of corporal punishment in the schools is that it is used rarely (and then with thoughtful discretion), and only as a last resort after all other means of correction have been tried. This is a dearly held delusion. Definitive data cannot be produced to prove or disprove such claims since no national survey has ever been attempted. Psychologists beginning with Freud and Adler, as well as many essayists and educators before them (Plato, Plutarch, Montaigne, John Stuart Mill, Roger Ascham, John Locke, Horace Mann), have condemned the practice. Nonetheless, it has yielded to opposition only very slowly and with many periods of backsliding, to judge from the literature of Rousseau, Dickens, Thackeray, Lamb, Orwell, Kipling, and many more. We have few statistics and what few we have are suspect since confessions of minimizing numbers to appease local prejudices are fairly common.

What might be learned from a complete study is suggested by a look at three mini-surveys done in Dallas, Texas; Miami, Florida; and in the state of California. In 1972, the City of Dallas recorded 24,305 paddlings for a school population of approximately 330,000. The number of unreported incidents may have been many times that number according to student stories (Duncan, 1973). In 1974 a report mandated by a resolution of the Legislature of the State of California included responses from 92 percent of the school districts but not including the City of Los Angeles. Reported were 46,022 cases of the use of corporal punishment with only five percent of these in the high schools (Riles, 1974). The third and most recent survey was made at the behest of the Office of Civil Rights of the Department of Health Education and Welfare. The figures and details for the City of Miami, Florida were reported in the *Miami News* (1976). Since the survey was undertaken primarily to discover whether minority students were subjected to corporal punishment more than white students, the first finding was that indeed black students took the brunt of the paddlings. Although only 28 percent of the student population is black, 67 percent of those punished were black. But one could make a case that the overall number of incidents was of far greater import than particulars of skin color.

The Miami survey covered the first 45 days of school in the fall of 1975. During those 45 days, Northwestern Senior High School recorded 193 paddlings, or four to five every school day. At Westview Junior High the self-reported score was 307; that means that if there is a seven-period day, not a class period went by without someone taking a beating. On the other hand, 99 schools (out of 242) reported no instances. Either they managed to conduct school without fear, force and pain, or they were ashamed of their occasional lapses and chose not to confess them. Considerable publicity went to a Mr. "K." who proudly displayed a fan of paddles from the closet where he kept the old ones after they had been fully inscribed with the signatures of the victims. He claimed he paddled with "love," although psychologists have labelled the

paddling of the anal erotic area as symbolic sodomy. His words? "Like a mother stroking her little child."

So much for surveys. The United States Office of Education and a number of other federal agencies have been approached since 1975 with the suggestion that a nationwide assessment be made of the amount and kind of corporal punishment in use. We realize what we are asking is presumptuous. Educators are known to be difficult to motivate and some school boards are less than cooperative. The form requested by the Office of Civil Rights has drawn fire from school officials. The Houma, Louisiana *Courier* (1976) covered a local school board meeting and reported one member as complaining, "You got to go through an act of Congress just to give a kid a little spank!" A Pennsylvania board member said, "The question really is—Should we teach the three R's or fill out federal forms. It's that bad" (*Daily Local News*, 1977). One sympathizes. But would they rather the FBI fan out over the country spying on them? Branches of commercial firms would not dare object to reporting their losses. Self examination is good for mental health.

Lacking better data we have turned to other sources in our effort to document that corporal punishment is used often and harshly. Since November of 1972, our organization, End Violence Against the Next Generation, Inc., has published the *Last ? Resort*, a newsletter with the avowed purpose of collecting and disseminating information about corporal punishment. Sponsors, readers and well wishers have responded with descriptions of incidents known to them; with newspaper articles, editorials, and letters to the editor; as well as with reports of bills introduced into legislatures, and local school board debates and decisions. To add to this we subscribed to a clipping service in November, 1976 that produced an avalanche of articles from all over the country. Every Monday morning there arrives in my mail a packet of clippings which I sort, continually amazed at the ingenuity with which school people create new forms of baiting to induce bad behavior in children. The *Tucson Star* (1976) told a "hilarious" story about a retired home economics teacher overly sensitive to noise, who was assigned to substitute with a class of 58 band members. She demanded pin-drop quiet while calling the interminable role. A chair collapsed; she accused them of throwing chairs and turned off the lights. Naturally, chaos erupted. Fifty-eight suspensions and angry parents caused a day's work to be lost. A tempest for nothing. "We would have been quiet if she'd let us play music," said a sensible sophomore.

Winnowing through this mass of material we have retrieved enough tales of scabrous behavior on the part of presumed educators to convince all but those most determinedly blind because they refuse to see. Corporal punishment in American schools is a national disgrace. It is not rare. It is not used only as a last resort—and as bad discipline it drives out good. Some of the stories are distributed by the news services and are used by those of their subscribing newspapers that choose to run them. Others are purely local dispatches by the education editor on the deliberations of the school board in the area served. Some incidents appear and reappear in succeeding editions, often with embellishments and sequels, although the final disposition of cases is hard to find. The most popular stories are those that permit the punning propensities of the headline writer to move into high gear. I have also made the observation that when the circulation is small, joking takes precedence over seriousness. In other words, rural America

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still treats spanking as scatological humor. That is one reason I doubt the findings of those who see paddling as racist. Rural America is predominantly Caucasian and unless you label "poor white" as a minority, I think we shall find that it is the children of poor and under-educated families who are physically punished rather than the children of black families per se.

The most widely reported story was the cigarette eating case. Told with a variety of humorous headlines was the incident involving Principal Hightower of the Hume High School of Hume, Missouri, whose standard response to boys caught with cigarettes in their pockets was: Eat them or bend over. In all the years of his little joke, no boy had ever chosen to do anything but to accept the swats. But Bill Adkins and Terry Weatherman were made of sterner stuff. They took the dare and ate 18 cigarettes between them. Both became ill. Bill had to be hospitalized for ulcers. His mother, Katherine Adkins, demanded that Principal Hightower be fired. The school board predictably backed him, and he announced that the penalty would continue unchanged. A week or so later, the president of the Student Council was caught in the same delictum. He not only took his swats but at a press conference announced his total loyalty to Principal Hightower and Hume High. My guess is that he thinks such toadying constitutes first steps up the McCarthy/Nixon type political ladder. Maybe he is right.

Mrs. Adkins has been subjected to harrassment from the community. Night riders buzzed her home in the woods and attempted to nudge her car off the road. The Adkins family has no well or other source of water except by truck delivery. The water supplier, a member of the Hume Board of Education, refused to haul her weekly supply and persuaded his competitor not to serve them either. She refused to send Bill to school and said she had been warned that he could be sent to a State Training School. The American Civil Liberties Union agreed to take the case and to ask for an injunction to prevent further impositions of the penalty of ingesting poisons and to secure damages for the beleaguered families (*Nevada Herald*, 1976).

A majority of the cases that go public are accusations of cruelty by coaches. Raymundo Castro was required to do pushups over an open knife by Coach Bill Vanhorbieke, claimed the Asociacion Educativa de Padres Mexicanos (*Fresno Bee*, 1974). A follow-up story recounted the outrage of Fresno, California coaches at a presentation on ABC television which dealt with high school football injuries. In the documentary, a Florida high school coach was shown slapping and tossing his players around physically. The anger of the Fresno coaches against ABC was for using an "extreme example" and for making all coaches look like "oafs, dummies and unconcerned with the welfare of the players." The *Fresno Bee* chided them for not recognizing an "extreme example" and oafishness in their own back yard. They then added to the story the fact that Raymundo had been told that the knife would be used every day until he did the pushups right. But it was the reporter, not the coach, who discovered that the 9-year-old had had an accident some years before and one arm could no longer be fully extended.

In Detroit, Michigan the state court of appeals reversed the manslaughter conviction of a swimming instructor who was charged in the drowning of an emotionally disturbed student at a special school. Testimony at the trial showed that the boy drowned after the coach had thrown him into the pool three times on the "sink or swim" theory (*Holland Evening Sentinel*, 1975).

In Sarasota, Florida a coach at an elementary school was

incensed because five boys caused him to waste 15 minutes of class time. He required them to stay after school. If this had been taken as time to have a confidential talk about cooperation, the uses of team time, or some such pertinent topic, there could have been little objection. Instead, Coach McGary used a gym class rope to tie the 9-year-olds together by attaching it to their belts. He "strung them up like clothes on a line," said the state attorney's office. McGary then allegedly fastened the rope to his motorcycle, started the engine and dragged the boys through the parking lot. He later treated them for cuts, scrapes and bruises. Their clothes were torn. The coach was charged with a misdemeanor (*San Francisco Examiner*, 1976).

In Brunswick, Georgia a new school board ruling requires that if any physical punishments are to be administered, it must be by the principal or assistant principal and there must be a witness. Coaches sometimes think they are a law unto themselves; Coach Ben Young felt free to paddle a 15-year-old who had forgotten his gym shorts without attention to protocol. His reasoning? The boy had asked for it. Therefore it was not punishment. It was just a reminder. When the father brought pictures of the bruises, the coach said, "If there were any marks on him they were the result of scabies. He was always scratching himself." Was the coach suspended for breaking the rules? No, the boy was (*Brunswick News*, 1976).

With coaches, corporal punishment seems more in the nature of an initiation or coming of age rite than a serious effort to inculcate learning. In Washington State the penalty for the last man in a cross-country squad was a "whacking" (*Seattle Post*, 1976). In Corry, Pennsylvania for kicking the ball high enough to hit the ceiling during the game of kick-ball, a paddling was in order (*Times-Observer*, 1976). When a father complained, he was assured that this was not considered punishment; indeed it was nothing more than a harmless diversion. The coach described it as "ritual purely for laughs" even though it resulted in raised welts and bruises. No one asked the recipients if they thought it was funny.

The *Texas Canyon News* (1977) reports in a nostalgic editorial about "The Coach and the Fat Kid":

Eugene McBrayer was a fat kid and The Coach hated fat kids.

Eugene wore thick, super-thick, glasses that turned his eyes into tiny dots, and The Coach apparently equated this with hateful physical weakness.

Eugene wore ragged gym clothes. He couldn't climb the ropes. He couldn't chin himself. He couldn't do pushups.

Eugene infuriated The Coach, a paunchy tough-talking, short-haired martinet.

So The Coach taught the boys in third period gym at Austin Junior High our most valuable lessons of those years.

He taught us more about the abuse of power than our children learned from Watergate. He taught us more about the brutality innate in the human spirit than our children will learn from the Bible. He taught us that physical violence can be effective only when accompanied by mental torment or torture.

I'm sure Eugene would rather have fought demons in Hell than come to third period gym class.

The Coach attempted before 50 witnesses, pre-meditated murder on a human spirit, and Eugene, tears

refusing to fall, his frame shaking with anger and humiliation, could only draw from within himself the strength to repel his assailant.

Eugene finally left school.

The Coach, after that year, was promoted to a position in the school administration.

The rest of us will never forget Eugene McBrayer. We'll never forget The Coach.

And probably we'll never look benignly on the indiscriminate use of what school officials routinely refer to as discipline, particularly if that discipline is administered by men teachers or coaches in a physical manner.

Some coaches have heard the word and are changing. From Renton, Washington: "The old discipline method of coaches giving an obnoxious kid a whopping with the tennis shoe is gone . . . The philosophy behind the [new] procedure . . . is to have a student take responsibility for his or her own behavior" (*Record*, 1977). And from Alexandria, Louisiana, "It has been traditional to whip junior high school football players at Buckeye High for making poor grades, but the practice has been discontinued . . ." (*Daily Town*, 1977).

The tales of coaches misinterpreting their mandate to develop character by "hardening" their charges is giving way far too slowly. But they are not the only ones who misuse their authority over children. The custom of cruelty as a deterrent begins before kindergarten. Tony Johnson was 2 years old and it was his first day at nursery school. He cried when mother left, a not uncommon behavior for 2-year-olds. That evening as his mother prepared him for bed she discovered that his back was covered with 25 to 30 welts, red and swollen. The teacher, Mrs. Webb, was miffed at having to explain to a judge, "I have never received a complaint before and I've been in the business for 15 years!" She had switched him "a time or two" for crying. The grand jury in Shelbyville, Tennessee will let her explain (*Nashville Tennessean*, 1976).

From the *Memphis Scimitar* (1976) comes the tale of two kindergarten teachers who used a tacking iron to laminate name tags. It seemed a handy weapon and thus they began to use it as a "lesson on telling stories." Several children had their hands burned before the principal called a halt and fired them. At the hearing the attorney for the dismissed teachers cross-questioned the children, all 4 years old, and tried to make much of their shy reluctance to speak up. He even accused the principal of having coached them and implied the dismissal had been racially motivated.

From the *Oskaloosa Herald* (1976) we read of a second grade Iowa boy whose face was slammed down onto his desk so hard as to permanently disable him. His father is suing. In Guadalupe, California Mexican-American children described before a Senate Committee how they hated lunch because they had to eat in silence but the lunch lady blew a whistle right into their ear (Dymally, 1973). Children have been locked in the school vault, made to lie in a coffin-shaped box and been shut away from light and air in a variety of "time-out boxes" (*Associated Press*, 1975b).

Retarded children are not immune. Those who live at home and attend school are not as hideously tortured as are some institutionalized handicapped. One such child was given a pants-down spanking on the driveway as he entered the school for the first time (*Sunday Bulletin*, 1977). Retarded children, in spite of inadequate language and understanding, are subject to the same paddling and slamming about as

normal children. In Martinez, California some children are even subjected to electric shock with the infamous cattle prods for grinding teeth, and may have a squirt of hot pepper sauce shot into their mouths for disobedience (*Los Angeles Times*, 1977).

Leslie Ellefson and his father are suing a high school principal in La Crosse, Wisconsin for having thrown Leslie against a wall and puncturing his ear drum (*Leader*, 1976). The *Tempe News* (1976) reports another suit in Phoenix, Arizona which charges that a teacher recklessly grabbed Aquila Scott around the neck causing her injuries and a \$600 medical bill. High school girls in Tecumseh, Oklahoma are paddled for the first offense of missing a class. When asked what position he required these young women to assume to accept blows on the buttocks, Principal Mihura found the question very funny and said, "I've considered several positions and rather lean toward stringing students up by their ankles, but since simple having them stand on their heads has such merit, we are still somewhat flexible on that matter" (*News Star*, 1976).

In Mount Clemens, Michigan an assistant principal ordered 17 eighth grade students to strip naked for a search for a lost master key. Two girls in the class had to strip in an adjacent room. The key was not found (*United Press*, 1976).

I could go on. The tales are endless, each one more bizarre than the one before. Yet what percent of the total instances of corporal punishment they represent is anybody's guess. We think of them as a tip of the iceberg phenomenon, but tip of the volcano might be a better simile. The rolling fury beneath this turbulent outpouring is reflected in our juvenile delinquency statistics, in the violence and vandalism that is wracking our schools, and in the enormous dissatisfaction with our schools that is evident on every hand.

It should be made very clear that most parents would not dream of going to the law to protect their children. That is truly a last resort. The steps usually taken include the following:

1. Good parents usually produce good, that is, cooperative, courteous and studious children. Most parents depend upon their children's good behavior to protect them from abuse in school. Such children are not free from anxiety, however, since their sense of fairness and compassion may also make them highly sensitive to and unhappy about the punishments of others.
2. When a child is punished in school, old-fashioned parents simply assume that the school is right and that the child deserves whatever he gets. It is expected that swats in school are doubled when the child gets home. The faith of the American people in educators as the gatekeepers of the door to success is no longer quite as implicit and unquestioning as of yore.
3. If the parents listen to the child or look closely at bruises, they will usually go first to the teacher for an explanation. Sometimes this is enough. If the parents have status, the teacher may attempt to placate them. In Berkeley some years ago, a kindergarten teacher raised in another tradition was assigned to a school attended by the sons and daughters of university professors. Within a week of her regime with a whip on display, the faculty wives descended upon her, not with condemnation but with enlightenment. "No, we didn't complain to the administration," one of those involved explained to me, "we taught her how to teach gently."
4. If the parents in any community have slightly less clout than faculty wives they may volunteer to be parent representa-

tives on a committee for discipline. This worked for one woman with whom I am acquainted, who moved when her husband transferred from Montgomery County, Maryland to Seminole, Florida. She volunteered and won agreement to a three year phase-out of corporal punishment in her new community.

5. Another escape is to move. Andy finished sixth grade but told his father: "Nuh uh! I'm not going to that junior high. They whip kids there!" His unbelieving father checked it out and reported to me that he had arranged for his son to attend the school of his choice. Sometimes whole families decide to move. Dr. Newhard, his wife Martha and five children stayed with the Ohio schools as long as they could. They worked for improvement; Dr. Newhard even won a place on the school board. The children were not paddled since they were bright and courteous, but they began to feel less and less comfortable with the screams and cries of paddled classmates. In the end, despairing of effecting any fundamental changes in the punitive atmosphere, Dr. Newhard left a flourishing practice and moved across the continent to a California community more to their liking (*Last ? Resort*, 1976).

6. If changing the system or escape are both impossible, harassed parents who believe their children are physically punished unjustly or too severely will go to the administration. If the complaint can be justified (and this depends more upon the status of the offended party than the facts of the case) the superintendent may censure the offending teacher, suspend him/her for a day, with or without pay, apologize, make promises, perhaps warn the assembled faculty about the close call they had had, and polish his P.R. image with some conspicuous display.

7. If the administration fails to mollify the outraged parent, the school board is approached next. The relative numbers are probably comparable to the California survey which showed that for every seven families who actually went to court, another 63 were stopped at the school board level and 535 had been mollified by the superintendent (Riles, 1974). School boards usually set aside a block of time for community input. Parents with complaints about abuse in a specific case may or may not get the floor but quite a few try. If the school board takes them seriously, makes a genuine investigation and takes appropriate action (reprimand, transfer, termination after hearing), that may be the end of it. A number of reported cases were withdrawn from the courts when the school board handled them well.

8. If neither the administration nor the school board handle the matter to the satisfaction of the parents, they may go public. A parent in Freemont, California whose retarded daughter came home black and blue could get no sensible answers from the teacher, the principal, the school psychologist, the superintendent or the school board. Finally she went to the police. They promised to look into her complaint but on the advice of counsel turned her off with a laconic, "Lady, it's legal." The mother and I visited the office of State Senator Nicholas Petris who was easily persuaded to sponsor a bill protecting handicapped children from corporal punishment. In spite of opposition from a representative of the Council for Exceptional Children, the bill, amended to read "except with parental permission," was passed. It seemed a small step to forbid teachers to hit blind, crippled, retarded children unless mama says OK, but it had far-reaching effects. Not only did the special class which this parent's daughter attended get a new teacher, but they also got an enriched program with

field trips, handcrafts, cooking and a speech therapist. The Regional Centers that have custody of the retarded who have no families were able to enforce a blanket "no" against corporal punishment of their charges and this in turn all but eliminated the problem for the state of California.

9. Occasionally parents with few options try to take matters into their own hands. This is uniformly unsuccessful. Direct assault upon a teacher, even if that teacher has assaulted one's child, calls for immediate action by the police. For a shove that would go unnoticed in a crowded bar, a parent can spend time in jail. The story is told elsewhere of the mother, whose 5-year-old son thought he had been sentenced to death, and who tried to still his hysterical crying by attacking his teacher with a kindergarten chair. She was accused of being a dupe of the Black Panthers set to murdering white teachers (Don't kill, 1973). Direct retaliation by paddled pupils is usually reported as vandalism and labelled senseless violence. The antecedent attack by the teacher is rarely mentioned except by implication ("He resented being disciplined"). When teachers report that they feel they have to carry a gun to protect themselves against students, one can be sure that that teacher's discipline has been physical, excessive and unfair (I was a schoolboy, 1976).

10. The last resort of the parents whose child has been battered in school is to go to court. Like other last resorts it is rarely successful. Many lawyers prefer not to take such cases since they are difficult to win. Many judges require that permanent injury and malice must be proved before an "ordinary paddling" becomes assault or abuse. This varies widely, of course, since \$3000 was awarded a family after their son had a tuft of his Afro snipped off and was insulted (United Press, 1977). It is generally believed that before they abolished corporal punishment altogether, Los Angeles School Board attorneys had the task of talking irate parents out of suing at the rate of two a week. If parents cannot be talked out of it they may run into a "catch 22" situation. As in rape cases, the court may spend more time investigating the moral character of the victim than in investigating the alleged crime. A family from Oregon found themselves saddled with mountainous dental bills after their son received an uppercut by a teacher. The family told me,

Our son was not being punished at the time he was hit. He was an innocent bystander. This teacher took out his frustration on our son after he separated two boys who were having a verbal argument. It was proven in court to be an unprovoked assault. My son's favorite teacher . . . went on the stand and stripped him of all dignity and degraded his character. My son's character then became the issue and not the assault. By the court's allowing it to be turned into a corporal punishment case, it was then covered by governmental immunity from law suits. My husband and I were both told we would be witnesses and must stay out in the hall during court. My husband testified for about five minutes and then was sent back out. I was never asked to testify or permitted in the court room from the time it started until after the verdict came in. (personal communication)

Not being a lawyer I am not quite clear as to the meaning of "double jeopardy." I thought it meant that you couldn't be tried twice for the same offense; if you were acquitted, you were free. But what if your lawyer makes a mistake? This is what happened in Gastonia, North Carolina. The coach

(the coach again!) was charged with picking up a 15-year-old student by the neck and slamming his head against the bleachers for refusing to do some extra pushups. He was charged with child abuse, a crime under a new statute that applies to parents and anyone acting in place of the parent. District Court Judge Ramseur ruled that the coach was charged under the wrong statute and dismissed the charge. He said that while there might be evidence of assault, he did not see enough evidence to support the charge of child abuse. The parents, Mr. and Mrs. Lanny Drum, took out a second warrant charging simple assault. Both charges are misdemeanors. District Court Judge Mason ruled the coach could not be tried on the assault charge because that would constitute "double jeopardy." There will be an appeal (*Gastonia Gazette*, 1977). But appeals can take years. The *Ingraham v. Wright* (1977) case now awaiting decision by the Supreme Court started in 1970.

Although individuals who hire their own attorney have not been particularly successful, the public advocates have done a bit better if recent cases are typical. The American Civil Liberties Union and Rural Legal Assistance have had a certain number of victories, but more of these have been out of court settlements than outright wins. In the California case, *Zamora v. Riles* (1974), it was charged and admitted that the principal had strapped the student and bruised his testicles. The case was settled when the defendant agreed to pay \$2000 damages and the school district agreed to cease strapping without parental permission. Originally it had been planned to challenge the constitutionality of the whole concept of corporal punishment, but this, of course, came to nothing when the suit was settled. Rural Legal Assistance pursued the *Guadalupe* case. The town was found to be a feudal enclave where the 5 percent Anglo owners ran roughshod over the 95 percent Mexican-Americans by threatening them with loss of jobs and deportation hearings when they protested the treatment their children were receiving in school. One child told that he had been held head down in the toilet bowl while the teacher flushed it. Another teacher was accused of grabbing the children around the neck with the hook he used as a prothesis for a missing hand. That case too was settled amicably when the school board agreed to get rid of the three most punitive teachers, hire a new superintendent and add bilingual counseling (*Ortega v. Guadalupe*, 1973). The Chicago school system after almost a hundred-year tradition of "never lay a hand on a child" became embroiled with the problem at the Mosely Social Adjustment School. Northwestern (University) Legal Assistance Clinic obtained a consent decree which restored the policy of no corporal punishment (*Chicago Tribune*, 1976).

It takes outrageous actions by educators to break the tenacious American belief that schools are the royal road to success and that the teacher is always right. That being true, we are justified by this evidence to conclude that corporal punishment is an ubiquitous evil even though middle and upperclass children are comparatively immune.

It should also be clear from this recital that the offenses of the children are so minor as to not even be considered status offenses: forgotten gym clothing, tardiness, unfinished homework, taking both cherry pie AND a cookie on the lunch tray. To my knowledge, in no case was a child who was violent paddled. A 14 year old fired a gun out an open window of a school bus. The driver turned the bus around and drove back to school. Security officers confiscated the gun and took the boy into custody (*Louisville Times*, 1976). Another gun incident involved a 15 year old who shot the principal after he had been humiliated by a public paddling (Associated Press,

1975a). The defense of corporal punishment on the basis of its being needed because of school violence is thus seen to be without merit.

One last comment. Letters to the editor on this subject split about 50-50. Those in favor of physical punishment are generally less grammatical and more angry. Those opposed (with exceptions) tend to be longer, more thoughtfully organized and better expressed. Editorials are less evenly divided, most (perhaps 75 percent) are calmly hopeful that physical punishment can be avoided yet discipline maintained. The 25 percent that favor more and stiffer punishment quote proverbs, often incorrectly, evoke the good old days, or expand on the destructive nature of youth in a permissive society. Editorials in the newspapers of the larger cities, the *New York Times*, *Wall Street Journal*, *Los Angeles Times*, *Washington Post*, etc. are strongly and eruditely in favor of total abolition. The *Sacramento Bee* headlined, "Thousands of Better Ways" in answer to the tiresome question, "What's the alternative?"

To quote President Jimmy Carter, schoolmen as well as nations need to be reminded that "a quiet strength need not be proven in combat."

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A Cross-Cultural Examination of Corporal Punishment: An Initial Theoretical Conceptualization

summary of a paper presented by

Alan Babcock

Corporal punishment may be usefully viewed as an institutionalized practice which can be studied in relation to various methods of child rearing from a cross-cultural perspective. The purpose of the present study is to obtain a broad view of the characteristics of cultures where corporal punishment could easily exist and to compare these cultures with cultures where corporal punishment would be incongruent with other characteristics.

Drawing on the work of Barry, Bacon and Child (1957, 1967) and Whiting and Child (1953) two such groupings of more than 60 cultures are identified. As corporal punishment per se is not listed in surveys of previously observed and identified cultural traits, an indirect index is used to determine (and sometimes infer) which cultures might use corporal punishment. The cultures are thus differentiated and categorized on the basis of four main traits, each with several subsidiary variables. These four traits are 1) overall indulgence of the infant; 2) overall indulgence of the child; 3) average socialization anxiety; and 4) pain inflicted on the infant by the nurturant agent.

After the two groupings are determined on the basis of the four traits, other cultural factors which correlate with the four discriminating traits are identified using data from Textor's statistical survey (1967). The resultant correlations are seen as a basis for generating hypotheses within a framework which treats corporal punishment as a cultural behavior and not simply an individual behavior. The data initially suggest that the more complex a culture, the greater the possibility that it will support corporal punishment.

Alan Babcock, M.Ed. is a graduate student at Temple University in School Psychology. He is an original staff member of the National Center for the Study of Corporal Punishment and Alternatives in the Schools under whose auspices this research was done.

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Etiology of Child Abuse

Workshop Overview

The etiology of child abuse was examined through a number of different perspectives. The topics of discussion centered around three sub-areas: 1) intra-family studies of abuse 2) early mother-infant dyad assessment and intervention; and 3) developmental origins of abuse from neuro-biological and socio-cultural perspectives. Each session included presentations with discussions following. Unlike the other workshops in the conference, attention was given to sub-areas rather than to one unifying theme.

The first session began with a presentation by Melanie Ramey, who discussed the recent changes in the composition of the American family and the implications of these changes in creating a milieu which contributes to the sexual abuse of children. Included in her paper were recommendations for helping the co-mingled family define acceptable guidelines in their complex relationships and for changing the legal system which deals with sexual abuse within a family. Much of the discussion around this paper concerned the problems involved in modifying the legal-social service system so it might become more understanding of therapeutic needs. There was general agreement that the Child Sexual Abuse Treatment Program in Santa Clara County, California represented the most enlightened intervention program today.

Richard Gelles, who has done extensive research on intra-family violence, discussed the multitude of methodological problems in child abuse research. In addition, he identified some of the associations that may be determinants of physical abuse. Finally, he provided several thoughts on the future of research in the area. Discussion concerned how we can best utilize research findings and translate them into information which can be used by clinical workers. It was mentioned that there is an abundance of literature about child abuse and its causes but that this information has done nothing in preventing child abuse.

The second session was composed of three presentations concerning early mother-infant reciprocity. It is through early affective interaction between mother and child that the development of an infant's identification with his environment is begun. Without a synchronous relationship from the beginning, a child can miss a period critical in the development of basic trust and a positive self-image. In addition more serious problems can develop such as the failure-to-thrive infant or the battered child. Thus, it would seem reasonable to view intervention at this stage as being one method of "preventive" treatment in the sense that it identifies the high-risk child and provides for close monitoring of both mother and infant.

The first paper in this session was presented by Nancy Briggs and Coleen Braun from the University of Cincinnati. They had begun to develop a rating scale which can be used to identify mothers of premature infants who may be at-risk to abuse their children. Their scale included such factors as the physical appearance of the children, their Apgar scores and the length of hospitalization. Mothers were to be assessed on such characteristics as age, socioeconomic status and subjective ratings of observed mother-infant interaction. (Ms. Briggs and Ms. Braun were unable to prepare a paper for publication.) During the discussion period, questions were raised about a number of ethical issues. A number of participants expressed concern about the confidentiality of the ratings, while others emphasized the need for informed consent from mothers.

Charles Schwarzbeck, spoke extensively about the need for screening of early child abuse patterns and the process of therapeutic intervention. His presentation included a discussion of a number of characteristics of the infant which influence the quality of the mother's interaction. In bringing his thoughts together, Dr. Schwarzbeck has drawn on extensive experience in the field of mother-infant dyad research in this country and in England.

Robert Nover briefly described the research program at the Mental Health Study Center of NIMH and presented a case study of a family involved in their program. Discussion included conceptualizations of areas of mothering capacities which could lead to further development of intervention strategies.

The question and answer period following the presentations was led by Dr. Schwarzbeck and Dr. Nover. The questions were of a diverse nature and the session was particularly informative for the audience which had little previous exposure to mother-infant disorders. There was consensus that the identification and intervention strategies explicated during this session were valuable and ought to be used more widely.

On the second day of the workshop, James Prescott gave a presentation which dealt with the principal causes of human violence. He shared a wealth of information drawn from sociological, biological and cultural perspectives. Dr. Prescott's primary idea is that a lack of sensual body pleasure and intimacy among family members is responsible for child abuse. His prescription for reducing violence in our society is unique in that he advocates nudity, affection and openness among family members. He proposes changes such as an architectural revolution in the American bathroom to include Japanese-style bathtubs so that families can bathe together.

Dr. Prescott's presentation was enthusiastically received by conference participants and questions addressed to him covered a broad range of ideas which cannot be adequately reported in this summary. (Dr. Prescott was unable to prepare a paper for publication. His extensive writings can be found in a variety of scientific journals.)

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The Role Of The Co-Mingled Family In The Sexual Abuse Of Children

a paper presented by

Melanie G. Ramey

In the 35 years since the beginning of World War II the American family has undergone radical and unprecedented changes. While the conjugal family system is being given new importance by social scientists, it is currently being subjected by young people to the most severe criticism it has experienced since the Russians temporarily abolished obligatory marriage in 1926. Many young people do not agree with social scientists that the family is a natural and inevitable system but rather see it as a historically developed system. In America and Europe young people are trying a variety of living arrangements inside and outside of marriage. Child bearing in and out of marriage, childcare by men as well as women, communal living, group marriage and quasi-extended families not based on kinship are some of the alternatives being tried.

Some students of the family are heralding many of these changes as good and undoubtedly some are. However, it is becoming increasingly apparent that family change is a two-sided situation, with all of the changes not necessarily good ones. There is some evidence to suggest that children growing up in some of the changing families are at great risk, particularly with regard to their psychosexual development.

The Co-Mingled Family

This paper will examine sexual abuse in the co-mingled family. The co-mingled family is one of the new family constellations that has developed. This family may consist of two adults who have been married previously and the children of one or both. Or it may consist of two adults one or both of whom may not have been married previously and the children of one or both. The family may or may not be united by a legal marriage. The distinguishing factor is that in this type of family only one of the two adults is the biological parent. Communal and group living arrangements are excluded from consideration because they are too few in number to offer any substantial basis for study.

Recent census data gives an accurate picture of the large and growing number of co-mingled families (U.S. Census, 1975). The marriage rate of 10.5 per thousand in 1974 represents a decline from the previous year but remains high in both a historical and cross-cultural context. While the divorce rate is rising the proportion of those who remarry remains high, 83% of the males and 75% of the females. During the period from 1960-1970 the annual number of divorces rose 80% and the annual number of remarriages 60%. Since the mid-1950's the proportion of women whose first marriages ended in divorce has increased sharply. In 1955, 11% of married women 30-34 years-old had ended their first marriage in divorce by that year. In 1970 the percentage was 16% for the same age group. From 1950-1959 one-half of the divorcees had remarried after being divorced five years. In contrast, from 1960-1966 one-half of the divorcees had remarried by the end of the third

year of divorce. Dr. Paul C. Glick and Arthur J. Norton, family statistical experts for the U.S. Census Bureau have stated that if the present pattern persists, more than 25% of all married women 27-32 years of age can be expected to get a divorce at some point in their lives (Kahn, 1973). About one-fifth of these divorcees will remarry and get a second divorce. The 1970 census revealed that the number of nonfamily households, one person or a group of two or more unrelated persons living together, had increased 49.3% in the decade 1960-1970. The Bureau of Health Statistics recently revealed that 14% of all births in the U.S. for 1976 were illegitimate.

It is obvious that the future of the co-mingled family is assured. Thus, it seems imperative that the phenomenon of sexual abuse in this type of family be examined closely.

Definition of Terms

There is considerable confusion in the current literature with sexual abuse being synonymously labeled incest regardless of the relationship of the participants in the sexual act or its true nature. Literally, incest is sexual intercourse between persons related by blood or marriage within the degrees in which marriage is prohibited. Therefore, sexual abuse in the co-mingled family may or may not be incest depending on how a particular family is constituted. Further, many sexual activities with children do not involve penetration of the body especially in younger children. To be clearly understood, I am using a more sociological definition and referring to sexual abuse as sexual activities with children by persons who would ordinarily be ineligible sexual partners because of blood and/or social ties to the child. The sexual activities may or may not include intercourse.

Family Dynamics

The dynamics of the co-mingled family must be understood in order to understand the etiology of sexual abuse in this type of family. The most common co-mingled family consists of a mother and her children married to or living with a man who does not have custody of his children. Although there is an increase in the number of men seeking and being granted custody of their children, they are still very much in the minority. The family may periodically include the man's children depending on the visiting privileges he may have.

As with many things in this society, television has a profound role. Television has projected only the bright side of the co-mingled family. Two of numerous examples are: "The Brady Bunch" depicting a co-mingled family, including some unrelated adolescents, as being an entirely humorous, fun-loving group. A movie, "His, Mine and Ours" now being re-run on TV across the country, also presents the co-mingled family as a humorous situation.

Hopefully there would be some humor in all families. But there is evidence to suggest that there is not much at all in co-mingled families. It is recognized that there are many good, healthy co-mingled families. Realistically, it must be recognized that this type of family does have special problems and special efforts are required for it to succeed. If the children from two families are combined, even on a periodic basis, there is often a tremendous problem of sibling rivalry. This is a well-recognized phenomenon and can be quite destructive. It can be much more so between step-siblings. Step-parents often get into the position of choosing between their own children and their step-children.

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A study of 88 remarried couples in Cleveland from 1965-1968 with children under 18 at the time of the remarriage revealed that they considered the children the primary problem area with money second (Duberman, 1975).

During the past year this writer has seen approximately 15 couples with a co-mingled family situation who were experiencing considerable difficulty in combining the children of the two families. This placed stress on the marriage *per se*. Of interest is the fact that none of the couples were referred because of their family constellation. In each instance one of the spouses was referred initially by a physician for a variety of physiological problems the physician felt were related to tension and stress. In-depth investigation determined the etiological factor to be the family situation.

Whether the co-mingled family is together permanently or periodically, there will be difficulties and adjustments for all members. Status, roles, duties and privileges must be redefined in the structure of the new family. It is well-recognized that the achievement of a successful relationship between acquired parents and children has traditionally been considered one of the most difficult of all human assignments.

In natural families, solidarity develops slowly when parents and children have been together all of the children's lives. In a co-mingled family, the relationship is of much shorter duration. Each member has a history, memories, role concepts, needs, etc. To become a functioning unit the co-mingled family requires careful cultivation.

Money often adds a greater strain. Determining how child support money is to be spent in relation to the total family budget can often complicate matters. Resentment on the part of a step-parent at having to pay for a step-child can generalize onto the child himself.

Because there is often no biological relationship among some of the family members, no incest taboo exists that in and of itself would regulate family sexual behavior either between adults and children or step-siblings.

Role of the Mother

The role of the mother in the co-mingled family is vital to its function. An explanation of the female role *per se* illuminates the reason such inappropriate behavior with her children is often tolerated. Many persons, working with families where such sexual activities have occurred, report that the mother is often aware of it but refuses to intervene because of her own need for the relationship with the husband or male friend. Her lack of intervention leaves the child vulnerable to sexual exploitation. Additionally, it has been observed that if the mother intervenes it is to express anger—usually at the daughter. For most adolescents having sexual activities with a family member, their own mothers have been poor models for identification or protection. The mother's need appears to transcend a consideration of the needs of her children in many instances.

Keller does a good job of setting forth the core aspects of the female role in the U.S., as recently as 1974, as gleaned from the ideals held out to women in the society at large (Keller, 1974):

1. A concentration on marriage, home and children as the primary focus of feminine concern.
2. A reliance on male providers for sustenance and status. This important component of the wife role is

symbolized by the woman taking her husband's name and sharing his income.

3. An expectation that women will emphasize nurturance and life preserving activities, both literally as in the creation of life and symbolically, in taking care of, healing and ministering to the helpless, the unfortunate, the ill. Preeminent qualities of character stressed for women include sympathy, care, love and compassion; seemingly best realized in the roles of mother, teacher, and nurse.
4. An injunction that women live through and for others rather than for the self. Ideally, a woman is enjoined to lead a vicarious existence—feeling pride or dismay about her husband's achievements or failures or about her children's competitive standing.
5. A stress on beauty, personal adornment, and eroticism, which though a general feature of the female role is most marked for the glamour girl.
6. A ban on the expression of direct assertion, aggression, and power striving except in areas clearly marked woman's domain—as in defense of hearth and home. There is similar ban on women taking the direct (but not indirect) sexual initiative.

This description explains the previously cited statistics on remarriage and more informal living together arrangements and reflects, apparently, a profound need of most women to be involved with and connected to some male.

Adolescent Female

It is estimated that 95% of the children involved in sexual abuse situations are girls. These daughters are struggling with their own emerging sexuality and fantasies. They may even feel the pressure to participate in the sexual activity to save the family from falling apart or being abandoned. Simone de Beauvoir (1953) comments on the adolescent girl's state in general:

a most unfortunate condition to be in, to feel oneself passive and dependent at the age when the will to live and to make a place in the world is running strong. At just this conquering age, woman learns that for her there is to be no conquest, that she must disown herself, that her future depends upon man's good pleasure. On the social as well as the sexual level new aspirations awake in her, only to remain unsatisfied; all her eagerness for action, whether physical or spiritual is instantly thwarted. It is understandable that she can hardly regain her equilibrium.

The girl is socialized to be especially responsive to male authority thus making her even more unlikely to resist participation. In law, more severe penalties are specified for father/daughter incest than for any other because the father has traditionally had greater power over a daughter than a mother over a son, or a brother over a sister. Therefore, father/daughter incest is more likely to occur. The female adolescent experiences great conflict when confronted with such inappropriate sexual demands, demands that not uncommonly include intercourse.

A recent study of a sample of American adolescents assesses the incidence and social correlates of the female form of the Chameleon Syndrome—an accommodating response to an environment perceived as hostile to inappropriate sex role behavior

(Rosen & Aneshensel, 1976). Among the findings was the fact that superficial heterosexual relationships were found conducive to the development of the Chameleon Syndrome in females. The Chameleon Syndrome score among girls was also positively related to a desire to marry early and have children. The Chameleon Syndrome is held to be a by-product of intensive, long-term sex role socialization by parents and other agents (e.g. peers, media, etc.) to prepare the females for marriage.

With this type of socialization, the adolescent in the co-mingled family may be even more vulnerable. The step-father, mother's male friend or step-sibling all represent potential persons for the testing out of the learned behavior.

The girl may not have wanted to be part of the co-mingled family established by her parent and may regard her sexual relationship in the family as a revenge against the mother. Competition is another common phenomenon with some adolescents and their mothers. It has been observed in some instances that the girl's sexual feelings toward the step-parent or male friend may be stimulated in part by feelings of competition with her mother.

Step-father or Mother's Male Friend

Numerous researchers have attempted to categorize men who engage in sexual relationships with children in their families. The most frequent descriptions are those of inadequate personalities, passive-aggressive psychopaths and alcoholics. The man often has a history of being sexually demanding or of feeling sexually ineffective and has a poorly integrated social conscience. There are many references to wives allowing the daughter to continue the sexual relationship because she does not want to meet her partner's sexual needs. Some abusers have reported that specific sexual activities were precipitated because they were sexually frustrated by their adult female partner. There is considerable evidence to suggest that many of the activities are also started when the man has been drinking. Many sexual activities with children extend over a period of years because the man has frequent access to the child and the relationship is less demanding of him while at the same time is meeting his need. Many abusers try to justify the relationship as a type of sex education or as proof of their affection for the child with little or no insight into their real needs and reasons for such a relationship.

Scope of the Problem of Sexual Abuse

Vincent de Francis' study in New York from 1967-1969 was the first to call attention to the possible magnitude of the problem (De Francis, 1970). He discovered there were 3,000 sexual abuse cases each year while only a fraction of that number were reported. The staff co-ordinator of Child Protective Services for Cook County Illinois (Chicago) theorizes there are probably more sexual abuse cases than physical abuse ones based on his department's experience (Oppenheim, 1977). According to the National Committee for the Prevention of Child Abuse, 300,000 children were reported in 1975 as having been abused or neglected. They estimated 5% to 7% were sexually abused. This estimate is low compared to other findings (Oppenheim, 1977).

In the state of Wisconsin, 9% of the total child abuse cases reported for 1975 were sexual abuse cases. Of that total, 180 cases or 17% of the abusers identified were the step-father or male friend of the mother (Wisconsin Department of Health,

in press). It is recognized that there is a gross under-reporting of all child abuse with an even greater lack of reporting of sexual abuse. In addition, it has been only in the last two years that most states have begun gathering statistics spelling out sexual abuse as a category.

As Dr. Roland Summitt has noted, the most common forms of sexual abuse of children are gentle variations of adult love-making misplaced on the children by very needy, sadly love-starved adults (Summitt, 1974). The child is being used to meet the conflicted needs of the adult. The child may readily submit to the person who is an authority figure because she has been taught to respect and obey adults. It is common for the young child to be offered a bribe of affection, a gift or money. Sexual activities with the pre-adolescent child usually consists of fondling, oral-genital contact or manual penetration of the child's vagina or anus. It should be remembered that children have sexual feelings very early in life. They respond naturally to loving bodily contact. There is a great curiosity about their sexual organs which are treated differently than other parts of their body and are almost always covered up. Their need to be loved by the parent or other adult caretakers is very great so the sharing of forbidden sexual feelings can be very exciting for the child. Children involved in long term sexual contacts may actively encourage and participate in the sexual activities. This is probably best explained by the child's strong need for affection and fear of real or imagined rejection by the parent or other adult involved.

In the co-mingled family this need may well be greater. The dissolution of the original family cannot occur without some trauma to the child, albeit not always permanent. If one parent has been missing in the home for a while, the addition of a step-parent or parent substitute offers the young child another person from whom they can get affection and acceptance. The young child's world is often limited entirely to family members or babysitters.

Impact of Sexual Abuse

The lasting effects of sexual abuse appear to be more profound if it occurs in adolescence. The basic fact that the child is being used by the adult to meet his need can produce a general distrust of the adult world, especially if it becomes known to persons outside the family and the child becomes aware that the activity is regarded as wrong. Most persons knowledgeable about child development agree that if the sexual activity continues over a long period of time lasting psychological damage is quite likely.

When an adolescent has been involved, she will often develop guilt because of her awareness of society's reaction to such relationships. Other common responses are characterological defenses against sexual feelings. This is manifest by a strong denial that they ever enjoyed the sexual experiences. This in turn can result in the development of symptoms of frigidity and/or promiscuity.

The Odyssey Institute in New York recently released a study on *Incest as a Causative factor in Anti-Social Behavior* (Densen-Gerber, & Benward, 1976). Of the 118 women studied, the sexual relationship had been with age peers in 35.5% of the cases and with persons of their parental generation in 64.5%. In the peer age group step-brothers accounted for 6% of the sexual contacts. In the cross-generational group step-fathers accounted for 13% of the sexual contacts and quasi-family members for 27%. Quasi-family members are

persons living with the family but not related such as a mother's male friend. By far, these two categories accounted for the largest percentage of sexual activities involving intercourse.

The authors concluded that the experiences were confusing and frightening to the child. The child lost faith in male adults in her environment and questioned whether they could be relied upon to protect and care for her. Those who passively consented carried the greatest psychological burden. They exhibited a "silent reaction," told no one and tried to mask their true feelings. The experience did seem to provide, albeit inappropriately, some attention and closeness that was missing in the environment. But the girls felt ashamed and felt no one would believe them. The mothers were told in 25% of the cases. The mother generally refused to believe it and if she did was angry and blamed the daughter.

My own study on the effects of sexual abuse involves 20 women, 10 of whom had sexual activities with an adult family member as a child and a control group of 10 who had not. Those who were sexually abused revealed the information voluntarily as they participated in educational groups for women on female sexuality conducted in 1976. The group's members voluntarily decided to join such a group for which they paid a fee. The groups usually have 6 to 10 members and meet for four, two-hour sessions. These 10 women were compared to a control group of 10 women who were randomly selected and had not been sexually abused as children.

Of those who were sexually abused, the abuser was the natural father in two incidents, the step-father in five incidents and the mother's male friend in three incidents. For those sexually abused, their present marital status breakdown is as follows: four divorced, four married, one never married and one widowed. Their age range was 24-45. They had a total of 25 children.

This is compared to the control group where seven were married, two never married and one widowed. This group had a total of 20 children and an age range of 24-56 years.

Based on in-depth interviews, sexual attitude assessment and self-rating of attitudes and feelings the following conclusions were drawn: Those who had been sexually abused knew more about sexual behavior earlier, especially about intercourse. This group reported poorer sexual adjustment in their marriages than the control group and more anxiety about their sexual relationships. The control group was not more knowledgeable about their sexuality but weren't anxious about their lack of knowledge as was the case with those who had been sexually abused. Perhaps the most striking finding was that those who had been sexually abused had never tried to discuss their lack of sexual satisfaction or anything to do with the poor sexual adjustment in the marriage with their partner. This contrasted sharply with the control group, all of whom had initiated discussion of various sexually related problems with their spouses.

Further exploration of this area revealed that those who had been sexually abused assumed that all of the sexual problems were their fault and that their partners would not want to have anything to do with them at all if they knew what had happened to them as children. It was obvious that a great deal of confusion and guilt had been carried by these women for a number of years and had affected them dramatically—a burden not shared by the control group. It is recognized that the sample is small and the conclusions cannot be over generalized.

There is some increasing concern that the problem of runaways may be related to sexual abuse. The Odyssey study previously discussed also found a high percentage of adolescent runaways among those who had been sexually abused. There is a much larger number of females who run away. Of 516 runaways seen at Briarpatch, a facility for runaways in Madison, Wisconsin, 44.5% came from homes where there was either a single parent or a step-parent. 41 runaways reported actual physical abuse, 56% by the father, 29% by the mother and 5% by both. A two year sample of 377 runaways revealed that 22% did not want to return home because of their fear of one of the parents. Fear of a sexual relationship is included in this category. Obviously, the adolescent is placed in an untenable position when she has such inappropriate demands made of her. One common response is to develop strong resentment toward the parents and a separation from them. If further studies bear out these initial findings, the runaway problem must be considered from a new perspective. Physical abuse of adolescents has rarely been addressed but there are indications that this too is a factor in a significant number of runaway situations.

While it is true that most sexual abuse has been documented to involve females, there is a growing awareness that the sexual abuse of young boys by male adults is a problem of national proportions (Press, 1977). This typically involves boys 9 through 17 and adults outside the family who pose as friends. The great majority of the boys come from families where the boy is without a father. In the past year police investigations have begun in seven states in an attempt to detect such cases. It is estimated that in the Los Angeles area alone 30,000 children, mostly boys, are being sexually abused by adults.

Unfortunately, there is nothing being done on a national level to deal with this problem. It is one of the areas that has fallen between the bureaucratic cracks.

Summary

The co-mingled family with its complicated dynamics and relationships is ripe for the sexual abuse of children. The incest taboo, to the extent that it exists in biological families, is not as strong in the co-mingled family. There is evidence to suggest that the incidence may be high. Further study of this rapidly increasing type of family is urgently needed.

Many people respond to the idea of sexual abuse of children with disgust and repulsion. Often when such an incident is discovered the child is removed, the abuser imprisoned and the marriage dissolved. Those involved are burdened with guilt and shame the rest of their lives.

Such need not be the case. There should be firm guidelines for family sexual behavior, whether natural or co-mingled. If a family member fails to observe these guidelines there can be serious results. However, this failure is the result of complicated, often unconsciously based desires and needs on the part of the adult. With appropriate therapeutic intervention families can be salvaged and the lifelong destructive effects of such experiences avoided. It should be stressed that this involves more than just a cursory "monitoring" of families as is currently practiced in many social agencies. Probably the best example of the type of help that can be given is the Child Sexual Abuse Treatment Program (CSATP) of St. Clara County, California. This program employs an integrated supportive approach aimed at the reconstitution of the family and is based on the principles and techniques of humanistic psychology.

Courts need to be more aware of the value and promise of such treatment. The courts could be of great importance in solving such problems if their approach was more as family advocate than as a family destroyer. Judges have little or no understanding of the dynamics of such cases and often fall into the role of meting out punishment demanded by some of society's most unenlightened, punitive citizens. Too often district attorneys seize upon and prosecute such cases to prove to their constituents that they are protecting society from moral decay. They are entirely ignorant of the real issues involved.

The following points should be considered by those persons involved in co-mingled families or contemplating forming such a family.

1. Very young children or adult children adjust most easily to a co-mingled family. Adolescents have most difficulty. Don't expect children, especially adolescents, to be able to accept the new parent readily. The new parent should not try to assume a heavy handed authoritarian role.
2. The co-mingled family should be established only after careful thought as to how it might affect all of its members. There has been a trend in recent years among counsellors to encourage individuals to consider doing only what makes them happy. Many persons report being encouraged to remarry by a counsellor who has pointed out that the children will grow up one day and leave, and the parent has to be concerned about his/her happiness. The question of whether one has the right to force children into a difficult, perhaps damaging living situation must not be ignored. It would seem that the responsibility for the quality of life a child is as much at issue as are bare necessities.
3. The adults involved should be aware that there is not a biological relationship that would normally provide a basic regulation of family sexual behavior either between adult and child or step-siblings.
4. If a sexual relationship is suspected or discovered, help should be sought at once. Do not focus on the child and accuse her of the blame. Recognize it as a family problem and solve it on that basis.
5. If there has been a recent divorce, children may still be in the throes of a grief reaction tinged with feelings of love and loyalty for the absent parent. Their adjustment to the co-mingled family can be assumed to be even slower.

In a recent study done at the University of California (Redbook, 1976), the researchers sought to give some insight into the minds and emotions of 131 children who were progressing normally—at home and school—at the time of the divorce. "The most pervasive fact to emerge from the study was the enormity of the grief all the children felt over their parents' divorce." The pain was hard and hurting in everyone of the 131 youngsters. Not one of the children under the age of 13 wanted the divorce to happen. Not even those who had witnessed acts of terrible violence. When the researchers saw the children a year after the parents' divorce they were dismayed at the number who seemed less intact than before—a disturbing finding—considering that all the children had been progressing normally at the time of the breakup. Some youngsters seem to weather the separation with ease only to have a delayed reaction.

6. Lastly, the national scandal of the lack of sex education in this country for both children and adults must be addressed. Much of the ignorance and discomfort experienced in deal-

ing with the sexual abuse of children rests squarely on the fact that the great majority of adults have serious problems in dealing with their own sexuality, to say nothing of their children's. This exists and is perpetrated onto succeeding generations because people are forbidden access to knowledge they need at the time they need it most—when they are children. It is well known that knowledge does not promote inappropriate behavior but that lack of knowledge does. Sex education must be asserted as a right for all adults and children. Only by that approach can children be guaranteed the rights to their own sexual development free of sexual abuse.

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Etiology of Violence: Overcoming Fallacious Reasoning In Understanding Family Violence And Child Abuse

remarks of

Richard J. Gelles

When I was originally asked to speak about the research we have been engaged in for the last seven years, I assumed I would talk about the etiology of child abuse or the etiology of violence in the family. I initially thought I would address the question of what causes people to abuse their children and to be violent. In other words, I was prepared to give a "What do we know" presentation. After all, that would not be a particularly onerous task. After seven years of research, I have filled up my office with interview tapes, computer print-outs, and reprints of many other studies. At this stage in our research it would not be too difficult to pull it all together and make a reasonably coherent presentation.

However, I began to remember a number of things that have bothered me about the traditional "What causes child abuse" presentation. And I thought about the genesis of my own involvement with this topic. In 1970, I was a graduate student with Murray Straus. He was writing a book with Suzanne Steinmetz called *Violence in the Family* (1974). At that time I was studying television news and I had little interest in the study of violence or the family. Murray Straus, valuing my opinion nonetheless, asked me to read five journal articles on child abuse and advise him as to which two he should publish in his book. Having nothing better to do that weekend, I consented to read the articles. They were all written by well-known and quite prominent figures in this field. However, I couldn't recommend that any of the articles be published. In fact, they were so abominable, I couldn't understand why any journal would have accepted them in the first place. I told Murray that, even as a graduate student not far along in my studies, I was appalled at the numerous flaws and problems in the research. And he said, "Well, if you're so smart—do something better."

I believed that by taking the same data presented in the papers, and recasting them using appropriate methods and data analysis techniques, it would be possible to arrive at completely different explanations of the generative causes of child abuse. That was precisely what I did. I thought the resultant paper might be published, look nice on my vita, perhaps help me get a job, but certainly no more than that. However, to my surprise, I apparently stirred up a hornet's nest. There were many people who were very dissatisfied with the current research and very dissatisfied with a strict psychological approach to child abuse. These people latched on to this little paper and I found myself traveling a lot and presenting the same material over and over again.

In the course of my travels, I realized that the five papers to which I had objected were not exceptions to the rule but rather, they *were* the rule. It was not unusual to find speakers making consistent and flagrant methodological errors in their efforts to arrive at conclusions about the causes of child abuse.

Given this situation, I have decided to modify the presentation I had originally planned to give today. A discussion of the

etiology of violence and child abuse should examine the rules of evidence that support well-known causal explanations, as well as simply examine the explanations themselves. We need to ask "How do we know it?" as well as "What do we know?" I was further convinced of the value of this approach for my presentation today when I re-read a paper that Ed Zigler, former head of the Office of Child Development, presented at the First National Conference on Child Abuse and Neglect in Atlanta last year (1976). Zigler said that child abuse research in 1976 is where mental illness research was 20 years ago. I believe that is an important point of departure in seeking to understand the causes of child abuse. Thus, I would first like to examine eight major problems with the research to-date. Then, I will talk about the preliminary information we *do* have about the causes of child abuse and family violence. I will conclude the presentation with some suggestions for future research directions which focus not on the substantive issues but rather on the technical issue of how we should approach the study of child abuse.

Early child abuse researchers were physicians, psychiatrists, social workers and other clinicians. Their work was based on at-hand cases. Control groups were rarely used. Almost uniformly, the conclusions drawn by these researchers dealt with personality and some social traits, which are said to characterize child abusers. However, lacking control groups, the researchers had no way of knowing whether the traits they felt were causally associated with child abuse were, in fact, over-represented, under-represented, or similarly represented in the population at-large. Thus, on the basis of the early research, it was impossible to determine whether certain psychological factors were causally associated with child abuse. In fact, as I re-read the early articles on child abuse, and even some of the current articles which purport to document numerous psychological traits associated with child abuse, I find profiles of my students, my neighbors, my wife, myself, and my son. It would almost seem that some of these researchers are right when they conclude that child abusers are a random cross-section of the population. However, their research does not tell us anything. Because control groups were not used, there is absolutely no basis upon which to draw any conclusions whatsoever.

Let us look at a specific example. Suppose a researcher says that 80 percent of his sample of child abusers have certain neurological impairments. Does he/she tell us what percentage of the population at-large has those same neurological impairments? The Srole (1962) study of mental illness in Midtown Manhattan found that as many as 80 percent of a randomly selected population were physically and/or psychologically impaired by psychological distress. Therefore, to say that 80 percent of abusers are impaired by psychological distress may in fact mean only that psychological distress is in no way specifically associated with child abusers. In the absence of control groups, many such conclusions about the causes of child abuse are not very meaningful. It has only been in the last three or four years that child abuse research has begun to consider the inclusion of randomly selected or matched control groups in study samples.

A second problem of much research to-date has been the use of the medical or epidemiological model. This research paradigm forces a constricted and narrow focus on the study of child abuse. When attempting to explain individual cases of a phenomenon's occurrence, epidemiologists tend to look for commonalities present or factors absent in that phenomenon.

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An epidemiologist looking for the cause of Legionnaire's disease would examine factors that are common to people who have the disease and absent among people who do not have the disease. Medical researchers are trained to think of behavioral malfunctions or dysfunctions as being caused by one or two germs or toxins in the individual. The problem is that a paradigm of research which explains a phenomenon on the basis of one or two factors, or a combination of a few factors, tends to omit from consideration the complex series of variables and interactions of variables that are part of the causal explanation of social behavior. The medical model, the "search for the germ technique," is inappropriate to the analysis of social phenomena because it uses a biological metaphor for social behavior. Child abuse is a social phenomenon, not a biological or medical phenomenon. It cannot be studied by "search for the germ techniques."

The numerous studies of violence and child abuse which have been carried out over the last 20 years are examples of the problems with the medical model explanation of child abuse. Most of these studies are capable of explaining only four to five percent of the variance found in the dependent variable because the research is limited to looking at only one or two causal variables. The studies do not consider patterns of variables; they do not consider time order; they do not use multiple regression techniques of analysis or pathanalysis techniques; they do not even consider interaction effects.

The extra y-chromosome argument is another example of the epidemiological approach. It was only a month ago that I heard a prominent director of a social service agency state that one of the causal factors of child abuse and violence in America is the presence of an extra y-chromosome. This individual argued that Richard Speck, the man who murdered nine nurses some years ago, possessed this extra y-chromosome. Well, it so happens that Richard Speck didn't have an extra y-chromosome (Shah, 1970a, 1970b). In fact by 1971, the theory of the extra y-chromosome as a viable explanation of violence had been totally disproven. However, an epidemiological or medical approach tends to encourage notions such as that of the extra y-chromosome because it tends to focus on one fact, one variable, one germ.

Let us look at a more positive example of the research done by sociologist Robert Sokol at Dartmouth College (1976). He found that the variables of social class and social stress were completely unrelated to child abuse potential, *when examined one at a time*. However, he went on to use more appropriate analytical techniques. He then found that there is a very strong interaction effect such that a combination of certain stresses found among certain people in certain social groups does, in fact, create child abuse potential. Thus in the area of child abuse, if you look for variables as epidemiologists do—one variable at a time—you are likely to rule out class and stress as causes. The relevancy of class and stress as causal factors is clear only if the interaction effect between the two is examined.

The third problem of much child abuse research, particularly that conducted by those in the fields of medicine, psychiatry and social work, is the fallacy of false time priority. Many researchers have tended to attribute causal status to variables which may have occurred or arisen *after* the violent or abusive act. For example, abusers have been described as paranoid and depressed. This finding is typically based on an interview with a suspected parent after they have brought their child to a clinic or an emergency room. On the basis of such studies we

cannot conclude that these psychological states existed before the abusive act took place. It is just as possible that being labeled a child abuser contributes to the creation of these psychological states *after* the violent incident. The same line of reasoning that argues that child abusers are paranoid and that paranoia is a cause of child abuse, would lead one to conclude that paranoia is the cause of getting speeding tickets because people who receive tickets tend to act paranoid when the police officer approaches them.

The fourth major problem of many child abuse studies is the fallacy of the search for the perfect association. This fallacious reasoning underlies the argument that because some rich people abuse their children, poverty or low socio-economic status cannot be a cause of child abuse. Three of the four criteria for demonstrating a causal explanation in the social sciences are: 1) that an association be demonstrated to be of a significant magnitude and a consistent pattern; 2) non-spurious; and 3) based on an established time order (that the causal factor precede the caused factor). In order to conclude that socio-economic status or occupational prestige is a causal factor, it is not necessary to prove that *all poor people* abuse their children and that *absolutely no rich people* abuse their children. One must simply establish a relationship between a factor and child abuse or violence to support the claim of causality of a factor. *There need not be a perfect association.*

There are those who take the fallacy of perfect association to an even further extreme, saying that a factor must explain 100 percent of the variance and that there may exist no other factors which can explain a phenomenon. Again, a factor does not even have to show a *major* association; it does not have to explain 90, 80, or even 75 percent of the variance. A factor need only 1) have a *significant* association; 2) have taken place before the violent or abusive act; and 3) be non-spurious.

The criterion that an association between variables be non-spurious is very important. Take for example the relationship between alcohol and violence. It is commonly held that people who drink excessively tend to be violent, and that people who drink tend to abuse their children. However the causal relationship implied here between drink and violence tends to disappear when you investigate whether people believe they will or will not be held responsible for their actions when drunk. A story told by Murray Straus illustrates this point well. A counselor was interviewing a couple with a history of wife abuse. The counselor asked the husband, "Why do you beat up your wife?" The husband responded, "I can't control myself, I drink and I just lose control; I black out." The counselor, being a very wise person, asked, "Well, why don't you shoot her or stab her?" The husband had no response to that because the only answer he could have given would be, "I can't stab or shoot my wife, I might hurt her." He knew very well what he was doing.

The research evidence shows that people *do* get drunk and beat their wives and children, but they are fully aware of what they are doing. So aware in fact, that people will drink knowing that their inebriation will give them an excuse for their violence. Thus, the commonly assumed association between alcohol and violence tends to be spurious.

The recent theory that the rising unemployment rates are associated with the rising child abuse statistics exemplifies a fifth problem, that of the "ecological fallacy." Intuitively, the notion that unemployment is causally related to child abuse makes sense, given the fact that research seems to indicate that unemployed people are more likely to abuse their children.

However, it is inappropriate to interpret individual behavior on the basis of an examination of aggregate rates. The observation that both unemployment rates and child abuse rates are rising tells us nothing more than that the rates are rising simultaneously. We cannot conclude that unemployed people are abusing their children from these statistics. In fact, even if both the unemployment rates and the rate of child abuse decreased, we would not know if unemployed people who had become employed had stopped abusing their children. There are any number of plausible, if not accurate, hypotheses to explain that relationship. For instance, the simultaneous decrease in unemployment and child abuse rates may mean that hot-line volunteers have found employment and, thus, the recorded rate of child abuse has slowed down. The point is that we must question whether a statistic actually indicates something about individual behavior or whether it is simply an incidental association between rates.

The sixth problem, and my research is not free of this deficiency, is that our analyses of the causes of child abuse are typically based on at-hand clinical and medical cases, cases that have been officially labeled as child abuse cases. Most of the research to-date, and this includes 9 of the 11 projects currently funded by the National Center on Child Abuse and Neglect, define child abuse in terms of the cases which are identified or caught by child protection services, state agencies, local chapters of the Society for the Prevention of Cruelty to Children, etc. The statistics of such agencies reflect an over-representation of poor people, black people, marginal people, and spanish-speaking people. The conclusion generally drawn from these statistics is that discrimination, or lack of integration into society, is somehow causally related to child abuse. This was a theory which I accepted for a long time until, through my own research, I realized that it is possible that the factors associated with being vulnerable to being labeled (caught) a child abuser are confounded with the factors associated with *being* a child abuser. This is a problem of such magnitude that one cannot know for certain whether poverty causes child abuse or whether poverty makes the parents vulnerable to getting caught.

Ned Pulsky (1969), who studies criminal and deviant behavior, has argued for years that you cannot try to explain the causes of delinquency, deviancy, and criminal behavior by interviewing inmates in prisons. A study of such a population is a study of the unsuccessful criminals, the ones who have been caught. Similarly, it is the successful child abusers that we don't know about, those who are insulated from the official reporting system. Any explanation of the causes of child abuse must take such individuals into consideration. This means that our research can no longer take a short-cut to defining child abuse by saying that child abuse is represented by all the cases that come to the attention of the authorities. When the three year funding period of the research projects sponsored by the National Center on Child Abuse and Neglect ends, we are going to know a lot about who gets caught and why they get caught; but ultimately, we will probably know very little about what causes people to abuse their children. This is not to say that this kind of research presents us with no evidence at all—it does and I'll present some of that evidence shortly. However, this research presents us with evidence of associations, not causal relationships. It presents possibilities of variables associated with child abuse which should not be considered as causal explanations.

The seventh problem is that causal relationships and/or

conclusions tend to result from *post-hoc* examinations of data. A very well-known study, one in fact that I've consulted for three years, is a prime example. The researchers constructed the longest interview schedule they thought was tenable, administered it, coded it, put it in a computer and spent two and one-half years playing with the data to see what things fit together. In my opinion, that is not a test for causal relationships. It is a gold-mining operation which looks for associations and nothing more.

TABLE 1: EDUCATION BY CHILD ABUSE

Years of Education	Abused Child	Did Not Abuse	Total
0-6	24	11	35
7-9	42	46	88
10-12	140	104	244
some college	13	17	30
college degree	2	6	8
graduate study	2	2	4
Total	223	183	409

TABLE 1a: EDUCATION BY CHILD ABUSE

Years of Education	Abused Child	Did Not Abuse
0-6	11%	6%
7-9	19%	25%
10-12	63%	56%
some college	6%	9%
college degree	1%	3%
graduate study	1%	2%
Total	100%	100%

TABLE 1b: EDUCATION BY CHILD ABUSE

Years of Education	Abused Child	Did Not Abuse	Total
0-6	69%	31%	100%
7-9	48%	52%	100%
10-12	57%	43%	100%
some college	43%	57%	100%
college degree	25%	75%	100%
graduate study	50%	50%	100%

The eighth problem is that of an inappropriate methodological approach to the presentation of tabular data. It is a problem which has plagued even the classic researchers in the field of child abuse. Let us look at Table 1 which presents the relationship between education and child abuse (Table 1 presents data from an actual study of abuse). In this table the independent or proposed causal variable, is "education." The dependent variable, the factor which we are trying to explain, is "child abuse." In order to standardize the data and interpret the table we must first percentage the raw data. There are three ways to present the percentaged data. The first, which actually reveals nothing, would be to divide the number of cases in each cell by the total number of cases in the table (N=409). Doing this, however, reveals nothing about the possible association between education and child abuse. The second approach is to percentage in the direction of the de-

pendent variable. In Table 1a we have percentaged in the direction of the dependent variable by dividing the number of cases in each cell by the total number of cases in each category of the dependent variable. The question answered by this approach is "what percent of child abusers have 'x' amount of education?" At first glance it would appear that the most likely abusers are those with 10-12 years of education (69% of the abusers had 10-12 years of schooling). However, this conclusion is misleading. For one, it simply presents the educational distribution of child abusers. One would expect there to be more abusers in the 10 to 12 years of education category, because most of the population of the United States falls into this range (the median number of years of schooling for the population is between 11 and 12).

What we need to know is not what the education of the child abuser is, but what percentage of child abusers have 'x' years of education and what percent of people with that level of education do not abuse their children. In other words, are people with one level of education more or less likely to abuse their children? To answer this question, one must percentage the table in the direction of the independent variable as we have done in Table 1b. From this table it can be seen that the greatest difference between abusers and non abusers is at the lowest and highest ends of the education continuum. In other words, those with the least education are most likely to abuse, while the most educated are the least likely to abuse.

This is a very simple example, but it does demonstrate that different results can be obtained from the same data set, depending on how the data are presented in tabular form.

In the last ten years, the issue of child abuse has become a priority; the federal government decided that child abuse was an important area; agencies decided that this was a problem they wanted to confront; and we've engaged in a head-long rush to try to understand the causes of child abuse and to solve the problem. A side-effect of this focus of attention has been a tendency to accept and repeat conclusions with little critical awareness. Questionable statistics are cited and recited until they become accepted as fact, until they are accepted as common knowledge. However, many of these statistics are a product of a kind of statistical alchemy. For an example, let us look at the national statistics on the incidence of child abuse. The only reputable figures are those presented by David Gil (1970). Too many other researchers present national statistics which are developed through projections made on the basis of the incidence of child abuse in only one area of the country. For example, Douglas Besharov, the director of the National Center of Child Abuse and Neglect, takes the reported cases from New York state and projects figures for the entire country.

As should be clear from the problems which I have presented, it is incumbent upon those in the field of child abuse to not simply repeat conclusions and associations, to not accept them as fact; but rather, to ask of every citation: What are the rules of evidence that support these conclusions? How viable are these conclusions?

It is important to note that the problems of methodological error in research are compounded by misquotation. People read only the abstract or the conclusion section of research papers and skip the tables and the limitations. Newspapers and journals do this all the time. They cite only the last line in a study, "X, Y and Z are the causes of child abuse." They don't refer to the part of the study that says, "This research is based on a sample of 80 families in New Hampshire who are totally

unrepresentative of the population at-large. The conclusions are basically only suggestive of what factors might, through further research, be found to cause child abuse."

Given this situation, I feel a responsibility to at least inventory the associations that have been demonstrated in the literature. I will not talk about causes or etiology. Rather, I will talk about associations that have been identified as possible determinants of the act of physical abuse.

1. The first of these associations is based upon an examination of the history of the abusive parent. The greater the degree of abuse and neglect experienced by an individual as a child, the greater the likelihood that he/she will grow-up to be an abusive parent or caretaker. This is a reasonable association based on the fact that 30-40 percent of all abusers have abusive backgrounds (Gelles, 1973). It does not mean that *all* people who grow up in abusive environments are predisposed, or as Vincent Fontana (1971) says, "programmed" to be child abusers. They are not programmed. There is however a tendency, a real propensity, to recreate one's childhood. We tend to find that the cultural attitudes toward violence in this society are associated with violent child rearing practices. The more an individual experiences and supports the use of violence and views it as normal and acceptable, the more likely he or she is to use violence as an adult. The more the adult uses violence, the greater the risk that his or her child will be abused.
2. The second association is found in the relationship between social stress and social class. Abuse can be found in middle and upper-class families as well as in lower-class families. Abuse can be found both in families with high stress and in families with low stress. There tends, however, to be an association in cases where people of low socio-economic status experience a high degree of stress: People in this category tend to exhibit *more* violent behavior toward their children.
3. Unemployment has been posited as a contributor to child abuse by a number of researchers. There are those who try to negate the association between abuse and unemployment. They substitute a time factor and say that a higher incidence of child abuse among unemployed fathers occurs simply because the fathers spend more time with their children and therefore the children are more vulnerable, more likely to be abused. Despite efforts to explain it away, there does tend to be an association between unemployment and child abuse.
4. The fourth association is found in the relationship between family size and child abuse. I have been studying the severity and frequency of physical violence among 80 families. I ran a multiple regression test on the data and came up with an interesting association. (Multiple regression is an analytical technique which allows you to rank the importance of variables and determine the proportion of the variance explained by any one variable.) I looked at ten factors including parents' age, income, education, occupational prestige, number of children, resources, and family size. The end result was that the factor best able to explain the severity and the frequency of physical violence in childhood is the number of children in the family. The larger the family, the larger the amount of violence used by parents against their children. Many clinical studies of child abuse also tend to find the same type of relationship (Elmer 1967; Gil 1970; Johnson and Morse, 1968).

5. Social isolation has been proposed as a factor related to child abuse. Eli Newburger and his associates (1975) conducted research in a state whose welfare system would not provide payments for telephones. Using a cluster analysis technique, they found that the absence or presence of a telephone was the most important factor in predicting whether or not a parent would be an abuser. We found this to be a rather important finding as a number of people have proposed doing a nation-wide incidence study of child abuse over the telephone. In any case, families lacking continuing relationships outside the family, families high in anomie (e.g. low in social integration) tend to be most the likely families to evidence abusive incidents.
6. A new association has recently been discussed by Friedrich and Boriskin (1976). They view child abuse in relation to the status, role and nature of the child. Physically or mentally retarded children, developmentally retarded children, colicky children, children who are difficult to toilet train, low birth-weight children, and premature children all tend to be more vulnerable to abuse. In sum, children who pose more stress to parents tend to be more vulnerable to physical violence.
7. Prescott and McKay (1973), in a related vein, examined the relationship of physical pleasure and the use of violence. The theory is that physical intimacy and closeness tend to be inversely related to child abuse. In other words, the more closeness, tenderness, warmth, touching and feeling there is displayed in a family, the less likelihood there is of child abuse. The best explanation of this relationship is offered by the sequence of events typically found in lower-income working class families. This is an explanation that I just recently discovered through many of my interviews with adolescents.

An adolescent girl from a lower class or blue collar family suddenly reaches puberty and the close, warm relationship she has had with her father ends abruptly. He simply doesn't touch her, he doesn't hug her; in general, he won't deal with her. She becomes a sort of female pariah. Lacking this type of warm, close, physical relationship with a man, she tends to look for it outside the family. If the sociological theories of mate selection are correct, she is typically going to marry someone from the same social strata and of the same social type as her father. Like her father, the man she marries is going to be very reluctant to be warm and intimate and physical with her. He'll be sexual with her but not physically warm and intimate. Spurned twice by important men in her life, she will look for another object with which to be warm and close and physical; she will choose to have a baby. This is like handing a match to someone standing in a pool of gasoline. She immediately finds that a baby is completely incapable of giving to her all the tenderness and intimacy she has missed in her other relationships. She becomes the prototypical child abuser who simply takes out all her pent-up frustrations about her relationships with her father and husband on the least powerful member of the family and thus abuses her child.

8. Interfamilial violence in general is related to child abuse. Typically, the pattern is that the husband hits the wife and the wife hits the child (we found a correlation of .37 in our research). In addition, my wife (a school counselor) tells me that the child hits the family pet. What we have here is a sequence of power relationships within the family whereby the more powerful members use force and aggression

against the less powerful members.

This last association serves as an appropriate introduction to what I will call the "structural theory of family violence." These familial problems can be reduced to five basic propositions.

1. *Violence tends to be a response to particular structural and situational stimuli.* In the interviews we've conducted with violent families, we have found that in some cases, violence was viewed as an irrational act. However, in the majority of cases, violence was viewed as a response to stress, frustration, or threats to an individual's self-concept. People who have vulnerable self-concepts are prone to use violence in response to attacks or perceived (e.g. verbal not physical) attacks against themselves. Particularly stressful situations are those where the husband has less education and occupational prestige than the wife or where the couple comes from different religious traditions. In these situations, the stress may be adapted to through the use of violence.
2. *Stress in our society is differentially distributed in the social structure.* Our culture places a high premium on "good" parenting. However, some families are systematically deprived of the resources necessary, according to cultural standards, to be a good parent. These resources may be economic, educational or social. The deprivation of these resources creates a particular kind of stress. Thus we find that certain families, those with less education, less occupational status, and less income, are subject to more of this kind of structural stress than families who are not systematically deprived of resources.
3. *Exposure to and experience with violence as a child tends to teach the child that violence is an acceptable response to structural and situational stress.* The presentation of role models for violence provides children with a learning experience whereby they learn how to use, rationalize and justify a violent response. In fact, exposure to violent role models can create a preference for violent responses to stimuli over other possible responses such as withdrawal, suicide, drug addiction, or alcoholism. In other words, rather than choose other adaptations to stress, people tend to respond violently because that is how they've been taught to respond.
4. *This proposition is a combination of the second and third propositions. Individuals in different social positions are differentially exposed to both 1) learning situations which emphasize violence and 2) the structural and situational stimuli to which adult violence may be a response.* Fontana (1971) would prefer that we call this programming. However, we see it as a probabilistic model wherein certain people are more likely to be exposed to these situations and stimuli.
5. *Individuals use violence toward family members as a result of learning experiences and structural causal factors which lead to violence (e.g. unemployment, stress, lack of resources, resource imbalance in the family, etc.).*

The title of today's conference asks "Where do we go from here?" I have reviewed several problems of the research to date which indicate how we have arrived "here." I have reviewed currently held associations about child abuse which indicate where we are. In addition, I have several suggestions for the future.

I do not believe that we need more money for child abuse

research. The present level of funding is reasonably adequate. What we need is better quality research. If we had better quality research at the current level of funding, somewhere down the line, someone could come to a group like this and say, "We're beginning to understand what causes child abuse." However, it is my opinion, that at this point we are spending a lot of money on a lot of research that has absolutely no hope of answering the question, "What are the causes of child abuse?"

One of my recommendations is that we do research based on representative populations and use control groups, and that we cease depending on caught or at-hand cases. I think we use at-hand cases because it is convenient, we don't want to get our hands too dirty. It's dirty work to go door to door and try to ferret-out the unreported cases. However, it is precisely those unreported cases which are going to provide us with an understanding of what causes child abuse, rather than what causes people to get caught.

I would also recommend that we do research which tests theories. To my knowledge, there are only one or two projects funded by HEW which actually propose to test a specific theory and either verify it or reject it in terms of the cause of child abuse. The majority of research projects underway are clinical gold-mining operations which hope to come up with a nugget after dredging through thousands upon thousands of responses to inappropriately lengthy interview schedules.

We also need research which has the potential to generate theories. If we can't test theories, at least we can attempt to generate them. Too many research endeavors stop at the associational level. They present all the material I've presented today, but do not go on to say what the data means in terms of a theory of child abuse.

I believe we need to devote more effort to estimating the amount of variance which can be explained by proposed independent variables.

Finally, I recommend that we conduct our research about a phenomenon which can be operationalized. I have studied family violence because it can be measured and conceptualized. Child abuse cannot be measured and conceptualized. Child abuse is a political term which was designed to bring attention to an area where children's rights were overlooked. Child abuse is not a specific behavior which can be operationalized and tested. As long as the federal government thinks they can conduct a national incidence study of child abuse, they are doomed to failure.

Child abuse is a nice word to use if you're going to have a conference. It's a nice word to use if you want to convince somebody that you are fundable. But, once you've got the money, forget it. Choose a discrete phenomenon that can be measured and then attempt to explain specific acts of neglect, specific acts of abuse, specific acts against children. This area needs study. It has suffered too long from being over-politicized and under-researched.

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Identification Of Infants At Risk For Child Neglect: Observations And Inferences In The Examination Of The Mother-Infant Dyad

a paper presented by

Charles Schwarzbeck, III

Because of the growing realization of the high frequency of reports of infant abuse, many clinicians and researchers have focused their efforts on earlier screening and detection of abused children. In 1973, Task Forces IV and V of the Committee on Clinical Issues to the Joint Commission on Mental Health of Children (1973) stated that identification of ".... personality and family relationship problems which are predictive of child battering need to be pursued actively to increase the possibility of intervening *before* the first battering even occurs" (p. 275). This paper outlines considerations which might predispose the *mother-infant dyad*—not the infant or the parent—to frustrating experiences for the mother and subsequently abusing practices. Not only is the quality of the abusing mother's relationship with her baby usually observed and described as "inconsistent," "unpredictable" and "unsmooth," but it is also likely that these qualities may have a causative influence. This paper attempts to answer the challenge of the 1973 Joint Commission by describing subtle interrelationships between constitutionally-determined bases of behavior and the mother's and baby's capacities to achieve a synchronous relationship.

Efforts directed at predicting early child-abusing patterns have been varied. Helfer and Kempe (1968) and Kempe (1971) attempted to predict abuse by measuring mothers' claiming-disclaiming behaviors in the delivery room. Walworth and Metz (1971) used a Pediatric Multiphasic Examination which considered both parental dissatisfactions with the child's behavior and the child's family background in predicting parental mistreatment. Others (e.g. Fillipi and Rousey (1971) have delineated disposition to violence, possibly itself a developmental deviation, as a primary predictor of abusing patterns. Yet, what about the mother who "claims" and loves her neonate very much but subsequently abuses it? What about infants who are very much wanted and have identical familial and socio-economic backgrounds; why does one become an abused infant and another does not? The 1973 Task Forces of the Joint Commission indicated that the battered child is often from a large family with children closely spaced in age; why is it that often only one of several children born to a mother becomes an abused infant? I believe that one area which may provide answers to these questions is the examination of the *process* of the mother-infant interaction. Many of the vital clues to disturbances in the relationship between mother and child are appreciated first in the course of observing them together. At these times the mother's anguish about misinter-

pretations of, or lack of responsiveness to her baby's communications are vividly realized. In many cases, the investigator may have to throw away his plan to find what is deviant about the mother (and how she could be a better one!) and instead investigate deviancies in the interaction process. In some instances, a diagnostic study might consider what the infant is doing to prevent a "good" relationship with its mother!

It is not infrequent that mothers who are suspected of giving less than good care to their babies report that their child is rejecting them or that the child makes them feel stupid and inadequate. These complaints may be understood within the context of the failure of the infant to successfully cue its mother and/or the failure of the mother and infant to cyclically maintain brief (five-ten seconds) but intense interactions in which they both experience characteristic rises, peakings and falls in arousal levels. Additionally, a stimulus-response model must be rejected because the inclusion of organismic state in the observation-inference process makes any evaluation of the dyadic relationship a complicated process. Thus, we may often understand a well-meaning mother's complaints or behaviors within the context of the interaction process, that is; *the quality of synchrony of arousal clusters within the framework of organismic state*.

The observational and inferential components mentioned in this paper were empirically studied (Schwarzbeck, in press) and directly derived from split-screen observation techniques developed by Stern (1971); Brazelton, Koskowski and Main (1974); and Tronick and Brazelton (1975). Split-screen films with superimposed time displays have allowed investigators to simultaneously view the mother and infant. Examination inferences and techniques have been pursued later and less systematically once the "split-screen mental set" has been established. (It must be emphasized that an appreciation of this split-screen observational procedure and its affective and attentional understandings is usually required before salient aspects of the interactional system can be realized and applied by the examiner.)

With this methodological basis, the following considerations may be integrated into the examiner's observation and inference procedures. The factors below are not inclusive in any sense, nor are they in themselves diagnostic of clinical syndromes or predictive of infant abuse. Alternatively, various constellations of these factors may predispose the mother-infant *interaction* to more complexities than is usually the case in achieving mutual and synchronous interchanges. Given this possibility, the mother may experience distancing from a lack of communication with an increasing frustration toward her baby as she concludes that failures to achieve rhythmical, smooth interactions are indications of her inadequacies as a mother. (In the following paragraphs however, it will be realized that many characteristics of the infant [rather than the mother] may dictate the quality of the mother's interchanges with her baby.)

Constitutional Factors

My sense is that constitutional factors, unique for each infant, lay the groundwork of the quality of that child's input into the reciprocal relationship. Evaluations of organismic state characteristics, motoric postures and levels of activity, alertness, capacity to receive and respond to cues, and habituation capabilities are repeated several times during a 20 to 30 minute period as the examiner begins to consider possibilities of difficulties in achieving dyadic synchrony.

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Higher organizational functioning is more systematically studied using the Brazelton Neonatal Assessment Scale.

Examples of constitutionally determined developmental delays which may precede or parallel strained dyadic interactions are:

1. 2-6 Days: abnormal reflexes such as suck, Moro or pale cyanotic (score=1: Brazelton N.A.S.) skin color characteristics.
2. 2-6 Days: failures to habituate to light, sound and pinprick stimuli after seven or more trials.
3. 1-5 Weeks: hypersensitivities to touch (discomfort with physical closeness) and noises (including human voices).
4. 5-10 Weeks: inability to sustain attention.

Temperament

The infant's basic temperament, a constitutional factor that must be considered in its own right, and its state of consciousness as it dictates and modifies the dyadic interaction, is the foundation of the behavioral system. (This factor is more comprehensively described in my earlier paper [1977, in press] and in the brilliant work of Thomas and Chess [1977].) The infant's behavioral inputs are never to be considered direct responses to stimuli but instead they are in many ways a function of the particular organismic state. The nature of initiation of the behavior and the quality and efficiency of the capacity to control reactions and shut down responsiveness to aversive or distracting stimuli are understood within the context of the infant's use of its ongoing organismic state. The organismic state characteristic lays the groundwork for the infant's overall self-organizing capabilities.

The infant is also viewed relative to other infants whom the mother has come in contact with and relative to the mother's basic disposition. Infants may be relatively overactive vs. passive or easily irritable vs. placid. Additionally, when either the infant or the mother are independently observed to have a depressed level of affective and/or attentional receptivity, the dyadic interaction may be considered at risk for arrhythmic functioning (and not simply a slow down or withdrawal on the part of one member of the dyad).

Matched Behaviors and Interactional Variables

After state variables and habituation capacities have been taken into account, various dyadic considerations may be noted in determining the quality of the mother-infant process. Space limitations permit only brief descriptions of some selected factors here. It is most important to note that these are interaction characteristics—they are not evaluative characteristics of the mother or infant. The emphasis here is on the *quality of the match* and the usefulness of some of the following factors in alerting the examiner to possible dissynchronies in the match.

Eye Contact

The visual-motor system is the young infant's main voluntary control mechanism in modulating the input of arousing stimuli in the first few months of life. Particularly important are 1) the gazes of the infant and mother which are used to initiate interactions and to accelerate arousal intensities; and 2) gaze aversions used to terminate interaction sequences and to lower arousal. Of at least equal importance is the fact that the signaling value of eye contact is unique for each mother-

infant pair. What seems to be an identical eye contact interaction between two dyads (including a longitudinal observation of a mother with two of her infants—twins included) may in fact be quite different relative to excitatory vs. inhibitory and initiating vs. averting mechanisms. Eye contact may be a signal to orient and to initiate a new interactive sequence, while the "same" eye contact interaction may cue a mother to alter her body proximity or to change the quality of her vocalizations. Many specific considerations are important including development of the social smile, coordination of gazes with other behavioral systems, "isolated smiles," abilities on the part of the mother and infant to tolerate eye contact, and forced or intrusive contact which results in abruptly increasing arousal and stimulus overload. (Space limitations do not permit descriptions of these and other phenomena.)

What is important for the purposes of this paper is recognition of complex eye contact sequences as sometimes indicative of qualities of the dyadic interaction. Again, this most important interaction variable is considered within the framework of the organismic state model. Clearly, when a mother and her baby are unable to use eye contact effectively in the communication process (*i.e.*: in reciprocally modulating arousal levels in each other) both may have frustrating experiences.

Molding

Molding includes the body positions of the mother and the infant during face to face interactions both when they are separated and when the infant is held (usually chest-to-chest) by the mother. I have chosen to include this variable in this list of selected phenomena because it is a prime example of a truly *integrated* part of the reciprocal mother-infant interaction; it clusters specific system arousal levels as it interacts primarily with gaze and vocalization variables. By the 20th week of life, the infant is often seen to alternately mold itself "into" the contour of its mother's body, stiffen and then struggle against the contours—only to return to a contented molded posture. This phenomenon, like other matched occurrences, is dictated by state characteristics at the times of observation.

The molding variable not only serves as an "integrator" of other interaction behaviors but mothers may often use it as an indicator of the quality of their interactions. In my experience, it has not been infrequent that the whole flavor of a mother's description of her baby has changed when I asked her about or observed her while holding her child. Mothers' senses of their match with their babies are not intellectualized thoughts and they often will share their experience of themselves as well as their experience of their baby when conversations progress to "what he/she feels like when you hold him/her."

The technique that the mother employs may closely interact with the infant's state characteristics to dictate significant aspects of the developing relationship. Infants are sometimes held by their mothers in a way that avoids chest-to-chest contact. As the mother carries the infant with its back placed against her chest, the infant is often rendered powerless regarding its ability to visually cue its mother. Additionally, these dyads do not take part in the facial-cuddling behavior frequently seen. This method of carrying the child thus parallels a unique quality of gaze interactions and may result in abrupt changes in arousal levels. Often there is a rather mechanical flavor about these interactions and the mother may describe her baby as "unpredictable" or even "cold." Thus, while this example of a holding-molding pattern is truly a charac-

teristic of the interaction process, the mother may regard it as insignificant or a sign that her baby is not interested in her and the observer may see it as something the mother is doing wrong. Pieces of the interaction may not be applied as evaluative of one member of the dyad; instead they are indicators of the quality of the reciprocal relationship and eventually they may be used to understand sequences on an affective/attentional basis.

Other Behaviors and Systems Coordination

At this point we have been able to identify several other matched behaviors which aid the examiner in beginning to understand the quality of mother-infant interchanges. Mention is made elsewhere (Schwarzbeck, in press) of factors including vocalizations, separations, the importance of unique interactions with fathers as well as his presence or absence. While it may be possible to identify "deviant" aspects within these variables, it is often the case that the "fit" is a good one and no pathological syndrome develops. Similarly, emotional distress may be evident in the infant even though the infant and mother are able to behave "normally" within individual criteria. It is with these cases that the notion of coordination of systems as the salient factor becomes even more evident. Considered independently, the inference principles described in this paper are artificial at best. All of the "parts" of the reciprocal process are obviously not known but even if they were, the total reciprocal interaction is certainly greater than the sum of its parts.

Overview and Possible Applications

Mothers sometimes sense that their infant is intentionally rejecting them or that it is "making me feel like I'm doing something wrong." Caring for the child may become a stone-faced execution of mechanized schedule. As concerned professionals we may perceive the mother as behaving inadequately when, in fact, it may be more a case of inability of both the infant and mother to "empathize" with each other (to use a rather inappropriate adult construct!). We may understand the mother as frustrated and angry as the infant becomes actively distressed and good intentions turn into futile efforts.

While much infant mistreatment involves unwanted children, emotionally disturbed parents or gross incompetencies, I believe that there are abused infants for whom none of this is true. The well-intentioned and even experienced mother may become frustrated and unresponsive to her baby because she simply misreads her child's communications. When the relationship is characterized by asynchrony and abrupt changes in arousal levels (particularly on the part of the infant), there is an accompanying incapacity of each member to detect each other's intentions: the infant is unable to coordinate its intentions with those of the mother. The partners quickly realize inability in formulating and maintaining the rules of their interaction and the frustrating consequence may be uncontrollable deceleration and turning off. The mother may then sense that she is causing this, that she is inadequate and subsequently understand her baby as making her feel "bad" and miserable.

While the process of the mother-infant interaction is clearly a complex matter, it is evident that a significant proportion of mistreated babies come into the world with constitutionally determined factors (temperament, clear cut but clinically non-significant developmental delays, etc.) which may predis-

pose them for a rather poor "fit" with their mothers. The combination of the mother's constitutional make-up, her expectations and organismic state characteristics of her baby can determine much of the course of the developing interaction—in many ways beyond the best intentions of the parent.

So, where do we go from here? My sense is that an important task is to help the distraught mother to understand that the neonate is powerfully shaped before delivery. The idea of the infant playing an active, even an initiating role, in the mother-infant interaction is often a particularly difficult concept for parents to grasp. Yet, such an idea may permit a parent a sense of relief even though there may be disappointment that much may be beyond the control of the parent.

I am not suggesting that fancy, intellectual explanations be offered to mothers. In fact, my experience has been that when mothers view split-screen films of interchanges with their babies, they are unable to verbalize what they see (and sometimes discover). Helping the parents to see that their baby has a personality of sorts and that their baby—almost at birth—mobilizes unique modes of signaling and playing with its mother can often be extremely helpful. (I frequently approach this matter with parents from the point of view of what seems "fun" that the infant does.) We will not be able to change the mother-infant interaction nor should we want to. With this population of mother-infant pairs potentially at risk for mistreatment however, we may be able to understand how the mother feels deprived, possibly help her to see the unique and active role of her baby, and give the two of them a second chance at realizing an exciting and gratifying relationship.

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High Risk Pregnant Women And Families: A Case Study

a paper presented by

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I will attempt to accomplish two things today: 1) to briefly introduce you to a new program of research beginning at the Mental Health Study Center, NIMH; and 2) to discuss aspects of an interesting case that we followed prior to beginning our formal research program (just now beginning) which highlighted for us some of the critical issues we anticipate with the mothers and families in establishing the program of research.

I would first like to describe the general research program. The Clinical Infant Development Program will develop and evaluate primary intervention strategies for infants and their families that begin by identifying mothers and families in the prenatal period and continue with selected mothers and infants for the first three to four years of life. The research program will conceptualize and put into practice the means to provide, on an individual basis, special patterns of care for infants and their high-risk families. Infants to be selected will be those born with neurophysiological patterns that are less than optimal and that may be antecedents of later developmental lags. In addition, the infants selected will also be those born into high-risk families, that is, those where there exists at best a compromised capacity within the mother, father and family for carrying out the primary caretaking and nurturing functions required in the first years of life.

The Mental Health Study Center is a community-based applied research laboratory located for over 20 years in a suburban and rural community that collaborates in its research endeavors with local health and mental health agencies. Women with known past histories of marked difficulties in caring for their prior infants and young children due to, for example, psychosis, depression, severe character disorders, marked social and/or emotional stress will be referred by the agencies for the initial assessment. Most referrals will come from the health department and local hospital maternity clinics and the Department of Social Services. Included in a longitudinal assessment of the woman over the course of the pregnancy will be a determination of complex personality

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factors related to maternal infant-care giving. These include such functions as the capacity to comfort and provide physical care for the infant, to respond to the infant's basic communications of pleasure and displeasure, and to establish patterns of intimacy with the newborn infant. The capacity for differential maternal responses relating to the differentiation of affective and behavior responses from the infant will also be determined. The psychological profile developed on the woman and other significant family members, particularly the father, will be coupled with their earlier health history, genetic history, previous and current obstetrical history, psychological state and present familial-psychological environment. Also, the strengths and potential strengths in the woman's personality, family, and environment that would be supportive of a positive relationship with the newborn infant will be examined. The participants will be those women and families with a compromised capacity for carrying out maternal functions coupled with their infants who require special patterns of care.

This paper presents aspects of a clinical case which highlight the initial involvement with and assessment of a high-risk mother. The major goal of my presentation is to describe a type of individual we expect will participate in the study and some aspects of the psycho-social milieu she related to. I do not plan today to discuss our formal assessment techniques; rather I will consider the case from the vantage point of the consultant observer—in this case the social worker on our staff. While seeing that the participant received the existing community health and mental health services, our goal with her as with the other women in the preliminary phase of the project was to see what innovative services we would need to develop.

Rose was referred to us by a community agency responsible for the follow-up care of state mental hospital patients and their families. She was approximately six months pregnant when first seen. Our social worker described her as a 26 year-old, obese, white woman with long, blond, straggly hair. Her face lacked animation and she seldom smiled. Rose's thinking was slow and her word use and intellectual skills in general were limited. When interviewed in her home she was always wearing her pajamas or her nightgown, no matter what the time of day. Rose was the youngest of three sisters, her sisters being two and four years older than she. Her mother had a history of a chronic paranoid schizophrenic illness and had been hospitalized intermittently in a state mental hospital for the past 14 years. Her father was living but had been separated from the mother for the past 17 years. Rose's youngest sister, Marianne, had also been hospitalized twice for paranoid schizophrenia. Rose had a common-law relationship for four years with a man named Billy in his mid 20's. His wife and children were living elsewhere and Billy was not currently divorced.

The family home was in an out-lying area of a local semi-rural community and was in the oldest part of town, a predominantly black neighborhood. It was extremely run down and had no heating except for a wooden stove and it had no in-door plumbing. The inside was filthy, in bad repair and smelled vile.

The core resident of the home was Rose's psychotic mother to whom all the family members were strongly tied. Rose's father had paid rent for the last 20 years and telephoned once a month to talk to Rose's mother and his daughters. Marianne had lived there continuously with the mother except for her psychiatric hospitalizations. Suzanne, two

years older than Rose, lived at home intermittently.

The care for the home seemed to reflect the inner turmoil of the family members; the attachment of the adults to this ramshackle place was one expression of the strength of the tie to the mother. A clear point of intervention with Rose would be to first understand the exact nature of the relationship with her own psychotic mother and to work toward supporting Rose's attempts to become separate from her mother.

The Prenatal Stage

The most challenging and fundamental clinical task in seeing a woman like Rose was to engage her in a working relationship. Rose dealt only in terms of the immediate present, though of course controlled by her own intrapsychic experiences. She fluctuated in the degree to which she could tolerate contact before withdrawing. The first meeting the social worker had with her is illustrative of this: Rose had been agreeable to an initial visit, but when the social worker arrived at the appointed midafternoon time, no one answered her knock at either the front or back door. A curious neighbor approached and informed her that the family was at home. Rose's older sister Marianne finally opened the back door. She was yawning and everyone in the house appeared to be in bed sleeping. She went into the next room to arouse Rose from bed. Rose eventually remembered the appointment and appeared at the door in her nightgown. She invited the social worker in, settled herself comfortably and began to talk freely. She enjoyed the idea that she had the right to refuse to be in the study at any time. That amount of control in the relationship with the social worker appeared paramount. She was also flattered to think that her participation could be useful in the future to the benefit of other women. She was used to being in a position of receiving rather than giving.

While superficially friendly she was somewhat guarded during the first meeting. She observed the social worker closely while appearing to remain indifferent. At the end of the first visit, Rose agreed to be a member of the project and signed the consent forms. After the second visit, she said she did not want the social worker to visit her again before her infant was born but was agreeable to talking to her on the phone and she agreed to be seen in the hospital. This led to the staff decision to maintain phone contact with Rose while working collaboratively (with her consent) with staff from the public agencies with whom she maintained contact.

Mothering Patterns

With women like Rose, the pregnancy provides an excellent time to be alert to danger signals for the new infant and to observe the woman as she interacts with her other children. Hopefully, by the time the new infant is born, the social worker and intervention team will be in a knowledgeable position to help the woman avoid some of her own difficulties in forming object relationships, to help her develop satisfactions with herself as a mother and to help her at least partially resolve feelings of inadequacy as she prepares herself for her newborn infant.

This pregnancy was Rose's fifth by her reckoning and all pregnancies were the result of her relationship with Billy. Her daughter, Michelle, aged 20 months, was her first child. Following that child she had had an abortion and two miscarriages.

There were several clear indications that Rose was not

psychologically prepared for her newborn infant. First, she was very ambivalent about the pregnancy, implying it was planned but claiming that many people had advised her against it and wondering aloud if she should have had it aborted. She had thought of abortion or adoption but had done nothing about either.

She was partially handling her conflicts by staying in bed a great deal of the time and by completely avoiding taking care of her personal needs in relation to the baby. She said to the social worker that she was "embarrassed" because she had kept only one prenatal appointment. It always upset her to go to physicians. She ate sweets constantly and did not take vitamins "as she knew she should" and had some headaches which she thought might be related to high blood pressure. An obvious point of intervention with Rose would be to facilitate her having more prenatal care, possibly at home. At the time we met Rose she was in her sixth month of pregnancy. Attempts to have her come to the prenatal clinic had been made unsuccessfully by at least three other professionals in the community and had been turned into a control struggle with Rose. The social worker did not initially deal with this as she felt Rose did not strongly anticipate the baby as a reality, and at those times when she did, it overwhelmed her. The focus of the phone calls which continued up until the time of the delivery and ranged in time from half an hour to one hour (2-3 times a week) supported her in dealing with the reality of the baby. About one week prior to the delivery Rose began to verbalize her anticipation of labor, hospitalization and her new infant.

At the time of the initial home visit the social worker also had the opportunity to observe Rose functioning as a mother with her 20 month-old daughter. This also alerted us to anticipated difficulties that she would have with the new baby. Her daughter Michelle was a well-built, rather pretty child with a fair complexion. She was wearing a dirty nightdress when seen initially but otherwise looked clean. Rose appeared unable to respond accurately even to the physical needs of her child. In fact, she paid no attention to Michelle until she touched the hot wood stove and then Rose smacked her hard on the hand. At one point she made a gesture to hit her over the head, looked at the social worker and stopped. Michelle cried but did not give up exploratory behavior. The living room was in total chaos and full of things dangerous to a toddler, for example, the unprotected heated stove. Also there were no appropriate toys for a child of Michelle's age. Rose told the social worker that in the past Michelle had often banged her head severely in her crib. She had been a very good newborn baby; she had eaten and slept without problems and had always been healthy except for persistent diaper rash. During the pregnancy, Rose had found Michelle impossibly demanding. It seems that Rose could not cope with the multiple demands on her and she complained that she could not get herself to do anything.

One major issue she was struggling with was her relationship with Billy, the father of the child. He had left her following an argument which occurred shortly after she had first found out she was pregnant. He had come back two weeks before we first met Rose, while on parole from jail. In her last week of pregnancy, Rose was trying to make plans with Billy to move away from the family home to an apartment. He had just obtained a construction job which would make this financially feasible.

The crisis nature of the last weeks of the pregnancy was

further exacerbated by the return of Rose's mother from the state mental hospital against medical advice. Rose's mother refused to take her medication and her condition rapidly deteriorated to abusiveness and violence including biting Michelle. This was communicated to the Aftercare project staff and the mother was rehospitalized. An obvious point of intervention with this family would have been to have previously developed an established relationship with the state mental hospital personnel to collaborate around the best steps to take for Rose's mother. This would have eased Rose's situation with her anticipated newborn. A further element of crisis was added for Rose with the involvement of Protective Services who were notified by the Aftercare project. Protective Services was concerned that Rose's mother might be physically abusive toward Michelle and potentially toward the newborn infant. They were also concerned about the physical environment at home. Their intervention provided the real impetus for Rose and Billy to take the step of finding an apartment.

Hospital Phase

Rose arrived at the hospital only after the strenuous urging of the public health nurse and delivered a 7 lb. 1½ oz. girl six days after her due date. Rose's social worker did not actually observe the delivery but was told by delivery room nurse that Rose had become somewhat disoriented after receiving Nembutal. She had complained that she had been tied down with chains and that someone was punching her. She seemed to forget that she was having a baby. Her boyfriend Billy had also been present in the delivery room and had been supportive of Rose, calming her down and helping her to deal with reality. The timing of the social worker's contact with Rose in the hospital, about 12 hours after delivery, was very important to their relationship. The immediate post-partum period appeared to be a time when she was in an extremely fluid state and in need of support in beginning attachment with the new baby. The social worker had an advantage at that time in that she had a previously established role with the hospital, understood the routines of the delivery and post-partum floors and knew the maternity care nurses.

Rose showed an increase in her dependency on the social worker during hospitalization and the social worker, in turn, was able to nurture her somewhat by helping her with such things as adjusting her bed, filling in questionnaires and taking pills. She appeared to be struggling with underlying depression. During the four days that she was in the hospital, she was in a constant state of flux. Her mother had a violent fight with Billy. Rose had made no adequate plans for her 20 month-old daughter's care while in the hospital. She and Billy voluntarily placed Michelle in temporary foster care. After much vacillating, Rose and Billy also decided that the baby would go to the same place if they were unable to obtain an apartment.

An obvious way of treating Rose and the entire family would be to have the practical aspects of Rose's hospitalization settled ahead of time. However, this was difficult because she would not allow visits to her home and because the Protective Services had only begun to become involved with the family just prior to the birth. This was illustrative, however, of this family's functioning and added to the crisis of the new birth. The social worker also observed that while Rose was in the hospital she showed no signs of beginning attachment to the new infant. In an effort to encourage Rose, the nursing staff arranged a modified rooming-in procedure so that the infant was at the foot of Rose's bed most of the day. Rose

enjoyed the attention the baby brought to her from adults visiting her room but this made no difference in her efforts to hold, feed or play with the baby—there were none. The social worker observed Rose holding the baby only once and then she had been alone for a long period of time. Early, when the social worker approached, Rose said that the baby would not eat, although she was in fact nursing from the bottle. Rose remarked that she and the baby were looking after each other.

Just a word at this time about the baby, Barbara Lynn. The infant was examined in the newborn period and did appear to be a temperamentally difficult infant with special needs for patterns of care.

Rose was discharged from the hospital after the fourth day and took Barbara Lynn home with her. It had been in doubt until the last minute whether the baby would have to go to temporary foster care because the parents had no suitable place to live. It was very important at this time to plan future intervention for Rose and her infant. It was also important that the family be seen quickly to provide continuity from the hospital contact. A few days after Rose left the hospital, the staff social worker visited her in her new apartment. It was large enough for the family and Rose appeared organized, considering she had just moved in with the new baby. She seemed gratified by the gifts from the social worker. She appreciated the perfume that was brought for her. She unwrapped the gowns for Barbara Lynn and went in immediately to change the infant and dress her in one of them. It was felt to be important to relate with Rose in terms of her own needs and facilitate her interaction with her children through modelling and identification. Michelle was in the playpen and began to cry noisily as the social worker and mother went into the other room. It was suggested to Rose that the social worker be allowed to pick up Michelle. Michelle was initially stiff, but gradually softened and seemed to enjoy being held. All went in and watched Rose change the baby; the social worker was still holding Michelle. The social worker tried to talk to Michelle about Barbara Lynn while at the same time including Rose. Rose settled the baby peacefully in the crib and went into the kitchen. The social worker was still holding Michelle who looked at the baby and began to cry sadly. Rose then put Michelle to bed with a bottle of Kool-Aid. She went to bed peacefully but then began to cry. Rose laughed and said Michelle realized that she had not been given milk as they had run out of milk. Michelle appeared to think the baby was getting her milk although of course the baby was on formula. Rose also mentioned, in passing, that she was a "kind of dumb mother" as she had been up half the night with Barbara Lynn who had been vomiting. She had discovered that morning that the baby's formula had been sour and she guessed she couldn't blame the baby for being sick.

Rose also mentioned being very lonely during the days when home by herself and had felt this way previously.

The week following discharge, at the urging of the staff social worker, a meeting to coordinate services was held with the Protective Services worker, the public health nurse, and the social worker from the Family Service Aftercare project. The public health nurse decided to concentrate on educating Rose in physical aspects of child care and checking on both children's physical health. She felt, however, that she could not remain intensively involved, as Rose seemed unresponsive to her educational efforts. The Protective Service worker decided she would use the provision of concrete services via an emergency homemaker as a way of building up a relation-

ship with Rose over time but that she would coordinate her actions with the observations of the project social worker. It was decided that the project social worker would try to provide a nurturing function for Rose and a model to identify with in caring for her children as she had the longest relationship with Rose. This was to be done in the context of weekly home visits. Ideally, Rose would benefit most from a relationship with a consistent figure over a long period of time with the back-up of concrete services administered by a single public agency.

Disagreement continued to mark the relationship between Rose and her boyfriend. They moved back into Rose's mother's home with Barbara Lynn and Michelle and shortly afterward Rose and Billy again separated. Rose became increasingly depressed and finally voluntarily surrendered her newborn infant as well as her, by now, 27 month-old daughter to Protective Services for voluntary placement in a foster home until she could reconcile her relationship with her boyfriend as well as work through her own capacities to care for and mother her children. More recently, she has asked for psychiatric treatment and attempts are underway to engage her in ongoing psychotherapy by means of a socialization group as well as outreach visits to her home by a social worker from the Family Services Aftercare project.

We have attempted to conceptualize Rose's assets and liabilities in a number of potential mothering function areas. We believe these functions are involved in establishing optimal developmentally facilitating patterns of care for an infant. The following framework also serves to provide a methodological approach from which to determine a format for intervention strategies:

1. *Capacity to reach out and establish a pattern of intimacy with a new infant:* Rose's capacity here is questionable based on observations in the hospital where she ignored her newborn infant and at home when she cared for the child's physical needs but she did not interact with her. There was no smiling or talking and no observable attempts at establishing visual contact with her baby.
2. *Capacity to comfort and provide physical care:* Rose can do some of this adequately but is very vulnerable to stress and has difficulty when an extra output of her physical energy is required. She is slow to connect cause and effect, e.g., child has diaper rash because she does not get changed frequently. Rose's capacity to provide comfort is compromised by her inability to deal with her own needs.
3. *Capacity to respond to basic communication of pleasure and displeasure:* Rose can recognize signs of severe discomfort in an infant but again is rather slow to respond. She tends not to be consciously aware of any need to respond to an infant who is not actively uncomfortable. This is a potential area for education, however, as she may be receptive to an increase in her own pleasure in the baby as the child responds positively to her. We do not have a clear picture of her capacity to enjoy pleasure in her infant.
4. *Capacity to perceive different needs of an infant:* Rose is quite limited in this capacity because she perceives the infant mostly in relation to her own needs and she is not very good at differentiating even her own needs.
5. *Capacity for balanced empathic understanding:* Rose is again quite limited here because to a large degree she perceives the infant as an excessive demand and withdraws. She would find it impossible to emotionally experience the

infant's needs together with separating herself from the infant. Her pattern is rather one of withdrawal or at times overidentification.

6. *Capacity to temporally, flexibly, differentially and appropriately respond to an infant's needs:* Rose has a marked lack of capacity to respond to an infant within an appropriate time span. She has a very limited repertoire of differential and flexible responses and at times can be quite inappropriate.
7. *Capacity to use all of the above to recognize a new developmental level and to facilitate the infant's development of his emerging next level:* Rose does not have an internalized sense of upward development for herself, so this, together with her passivity, would make it hard for her to assist an infant in developing. Further, there are indications from her first child that as the infant makes steps towards autonomy, she cannot cope with the increased demand on her and attempts rather to retard this.

The value of such a conceptual approach is that it offers a position from which to structure a program to meet the individual needs of the mother and infant. From the history and sequence of events prior to and after delivery, the following issues were raised regarding the pattern of innovative services needed for Rose and her infant: 1) The existence of a therapeutic infant center would have served Rose by providing an opportunity for an alternate care system for her infant during the critical period following delivery and return home. The daily experience for Rose and her infant in the therapeutic infant center would enable the baby's needs to be met while serving to support Rose's maternal strivings. For Rose it would have been the time during which her needs as a woman and individual separate from her infant would be met by the center staff (through counselling and instruction in the physical and emotional care of the infant). It would also have helped prepare Rose to respond to the infant and to more adequately perceive and understand her infant's needs. The possibility of a therapeutic day care center connected with the infant center for her 20 month-old daughter would also have aided her. A possible alternative would have been a) a foster home for the infant where Rose could participate with guidance for the foster mother from the center staff or b) a foster home for Rose, the infant, and her older daughter. 2) During the pregnancy Rose's limited capacity to provide physical care was evidenced by her failure to provide herself and her fetus with prenatal care. The long distance to the clinic, her fear and suspicion of physicians and clinics, and her denial of the pregnancy all conspired to prevent Rose from seeking adequate prenatal care. Prenatal care at home provided by a qualified and trusted mid-wife or nurse-practitioner would have served to more adequately assure a healthy fetal environment and also would have met some of Rose's own health needs. 3) There was an obvious need for a homemaker, not on an emergency basis following the chaotic breakdown of Rose's family structure, but during the latter weeks of pregnancy and on into the postnatal period. The homemaker, as a member of an outreach intervention team, would relate to women such as Rose, forming a therapeutic alliance with them in anticipation of their newborn infant. Specially trained in infant care, the homemaker would be available to assist new mothers like Rose and facilitate the establishment of the early mother/infant interaction. Such a homemaker would also have helped Rose with her own needs to be mothered. An essential in-

gradient of the homemaker's services would be her availability on evenings and weekends. 4) During the course of the pregnancy the central role of Rose's psychotic mother in the lives of all the family members emerged. The need for an integrated and coordinated mental health service delivery to Rose, her mother and the family became obvious during the course of her pregnancy. Rose was striving for independence as an individual able to care for her children and boyfriend. These strivings were partially thwarted by her own unresolved symbiotic tie to her psychotic mother.

Other services suggested by our involvement with Rose during and after the pregnancy included an effective means of enabling Rose to move beyond her isolated social situation. Rose had few ties outside of her family. She lived in a predominantly rural area of the county, was suspicious of her neighbors, and was burdened by the suspicious nature of her family to outsiders. Engaging her in a social group within the context of a therapeutic infant center, where the main efforts would be concentrated on practical matters related to anticipation of a new infant, would have served to help her become involved with other women in similar situations as well as provided her with an outside source of social and interpersonal interaction. This type of program for the pregnant women who will participate in the longitudinal study is another example of an innovative service and highlights the need for a flexible approach which allows for assessment of and programming for the individual needs of the mother, infant and family.

In families where the father of the child (or other important members of the family) is available, a longitudinal assessment of the father would of course be included in the prenatal period. In cases where the mother, for various reasons, is psychologically incapacitated it is often the father who provides the crucial positive affective interaction with the infant.

Other issues not raised at this time involve: 1) how best to work with mothers like Rose and her infant, particularly how best to organize an ongoing basis for the support systems in the family and environment to facilitate the process of self organization in the infant; and 2) how to use our understanding of the infants' individual differences and their mothers' personality structure to facilitate their relationship in a manner that would promote their joint growth.

Sex Abuse

Workshop Overview

The small but enthusiastic group that focused their attention on sexual abuse would like to thank the Child Protection Center for convening the conference and thus giving us the opportunity to address critical issues and to share information and ideas. I would also like to thank all the participants who made this sharing so productive.

The study of sexual abuse is behind its time. The development of identification and treatment methods for sexually abused children and their families remains disgracefully undefined in comparison to methods now used in dealing with other forms of child abuse and neglect. Sexual abuse is a special form of child abuse. It is frequently a non-violent crime and is even occasionally a mutually pleasurable experience for both child and adult. It is our responsibility as child caretakers and advocates of children's rights to develop realistic means of dealing with this problem. Acceptance and knowledge of normal childhood sexual development and a better understanding and acceptance of all human sexuality is basic to this process.

The sexual abuse of children can be defined as any childhood sexual experience that interferes with the normal, healthy development of the child. It is an exploitation of a child.

The highlights of the session included an introductory paper by Raylene De Vine, M.D., which attempted to define the problem and pose many of the difficult questions that exist in the field. A panel discussion followed which included representatives of three legal agencies: Sgt. Roy Perry, Chief, Sex Squad, Metropolitan Police Department, Washington, D.C.; Det. David Bostrum, Youth Division, also of the Metropolitan Police Department; and Mark Tuohey, Assistant U.S. Attorney, Washington, D.C. This panel explored the many legal and criminal justice issues relating to sexual abuse. (The panelists were unable to prepare a paper for publication in the proceedings.)

The workshops also focused on incest, its treatment and its consequences. Marcia Speller, the Psychiatric Director of Odyssey House in New York, presented a paper dealing with incest problems among drug abusers. Wanda Schmidt, sociologist, discussed incestuous behavior as an etiological factor leading to juvenile delinquency and crime. Participants also viewed the film "Sexual Abuse: The Family" which is part of the training curriculum developed by the National Center on Child Abuse and Neglect.

Treatment modalities were discussed in depth in three papers. Bennie Stoval, Director of Special Family Problem Services, Children's Aid Society, Detroit, Michigan presented a paper entitled "Facing Up to Sexual Abuse of Children." Karen Leaman, Nurse-Therapist at the Crisis Intervention Service of the Psychiatric Institute, Washington, D.C., discussed techniques of crisis intervention with sexually abused children and their families. Nancy Hall, Director of the Prince Georges County Sexual Assault Center, Cheverly, Maryland, presented a paper which focused attention on group therapy with sexually abused children.

During the think tank session the workshop made the following recommendations:

1. The definition of child abuse and neglect should include all child victims of sexual abuse since reliable studies show that over 80 percent of these children are victimized by adults known to the child and in a position of responsibility for and to the child.

2. The legal system in many states is inadequate, vague, antiquated and prohibitive to treatment; it needs to be reformed. The system is inadequate in that laws dealing with child abuse are unclear as to a) sexual abuse; b) to whom such cases are reported; c) who is responsible for investigation and treatment; and d) whether the problem should be dealt with in the criminal or civil courts.
3. There is a great need for community education. This should include training programs for those in the legal system such as judges, lawyers, policemen and probation officers. Training about sexual abuse of children should be part of the professional education processes of social workers, health care providers, school personnel and child care workers. We recommend that the goals of this education be to teach a) acceptance that the problem of sexual abuse of children is prevalent and exists in all communities; b) that an incident of sexual abuse be viewed in the context of the particular family subculture at the particular time and place; c) that sexual abuse is but one of many symptoms of family dysfunction; and d) that often the adults' (our) response to and handling of the sexually abused child is more traumatic to the child and family than the abusive incident itself.
4. The last recommendation, but perhaps the most important, is that the primary prevention of sexual abuse begin through parent and child education. The myths regarding sexual abuse must be dispelled. Children must be taught that there are acceptable degrees of compliance and respect to be shown to adults and that all adults are not worthy of their trust. Children must be taught that their bodies are their own and that they have the right to exercise control over the use of their bodies. Finally, but most important in the prevention of sexual abuse, is to teach children that they have the right to say no!

Raylene DeVine, M.D.
Pediatrician

Sexual Abuse — Who Cares?

a paper presented by

Raylene DeVine

It is obvious that those of us in this room do care. Perhaps a better title for this paper would be "Should We Care?," or "Why Do We Care?," or more precisely "Why Haven't We Cared?"

When I began working at the Child Protection Center, Children's Hospital National Medical Center in Washington, D.C., Mary Holman, the Director of the Child Protection Center, asked me to answer a similar question. What responsibilities, if any, do child abuse projects have to sexually abused children? The answer seemed obvious. Children who are victims of incest are victims of abuse by a parent and naturally should receive services. All the other sexually abused children, *i.e.*, those raped or molested by strangers, should not receive services. Question answered, problem resolved. I wish it could have been that easy. Often when we look too deeply into an issue, that issue becomes unnecessarily complicated. Unfortunately, the problem of sexual abuse of children does not have to be looked into deeply to seem complicated and unclear. Dealing with cases of sexual abuse, more often than not, is a discomfiting, time-consuming and frustrating experience. It is a problem that leads to more questions than answers. It is a problem that is easier to ignore than to confront.

Rather than deal with the issue directly we respond with a variety of socially acceptable "facts." For instance, it is not uncommon to hear that sexual abuse is a rare phenomenon. However, it has been found that a large city may have 4,000 known cases a year (American Humane Association, 1966). One-third of all reported rape cases in the District of Columbia in 1965-1969 involved victims under 15 years; 13 percent were under the age of 9 years (McGeorge, 1955). A retrospective study of 1,800 college students found that one-third had a prior experience of sexual abuse (Landis, 1956). The American Humane Association (1966) has found that the incidence of sexual abuse may be many times greater than the incidence of physical abuse. Thus, sexual abuse of children is not rare.

Another "fact" with which we protect ourselves is that children who are sexually abused are victims of violent assaults by strangers. Yet 80 percent are abused by people they know and trust. Parents, parent substitutes, caretakers and relatives are responsible for over half the cases (McGeorge, 1955; Peters, 1975). Physical force is rarely necessary to engage a child in sexual activity; only 4 percent sustain medical injury (Hayman & Lanza, 1971). We are dealing then not with strangers, but with friends and family; not with physical force, but with social and mental dominance.

We often insist that sexual abuse never occurs a second time. These children must realize they are being harmed and thus they must turn to others for help. Of 360 female college students with a history of sexual abuse only half disclosed the abuse to their parents, and only one in six males reported such incidents (Landis, 1956). The closer the relationship of the offender to the child or family, the less likely that the

child will report the incident and the more likely the child will be re-assaulted.

We want to believe that parents can tell that their child has been abused, that there are physical signs of injury and that they report such incidents. But 25 percent of sexual abuse victims are incest victims and usually allegations of incest are denied by the family (McGeorge, 1955). Physical signs indicating sexual abuse are rare; the medical examination is usually inconclusive and non-confirming.

Another myth we have accepted is that a complaint of sexual abuse will put the offending individual where they belong: in jail. However, many cases are not reported; up to one-third of all cases will not go to trial, and 44 percent of the cases taken to court will be dismissed for lack of evidence (De Frances, 1971). If charged, two-thirds of the offenders will be out on bail and back in the victims's environment within a short time.

Our belief that the adult who sexually abuses children is a mental defective or pedophile is false. Most offenders have a good job history, 80 percent have attended high school, many have problems with alcohol, but few are psychotic (Swanson, 1963).

Now, with the myths dispelled and our defenses down, we attempt to confront the problem; only to be faced with many questions. What is an appropriate definition of sexual abuse? Where does normal childhood sexual experimentation end and abnormality begin? Is there a clear line that says yes to this sexual experience and no to that one? We first must ask ourselves who are these children. In the last few months I have seen several very different cases.

1. A 6 year-old little boy who had gone to use the bathroom in a supermarket while his mother waited in the check-out line. While in the bathroom, he was subjected to anal sodomy by an older boy.
2. A 4 year-old girl who had a positive vaginal culture for gonorrhea. Initially, her older brother was believed to be the source of her infection. Actually, her mother's boyfriend was responsible.
3. A 6 year-old girl who repeatedly told a story of the neighborhood "rape man" who had sexually molested her after pretending to cook her in the oven and eat her for lunch.
4. A group of preschool boys who had engaged in multiple forms of homosexual activity over a period of several months in a back alley.
5. A 9 year-old girl who had to be examined by several physicians under court order because her mother claimed her father had been molesting her. The parents were involved in a custody suit.
6. Two 14 year-old run-away girls who had been picked up while hitch-hiking, were beaten and raped; yet they refused to obtain medical treatment out of fear of police involvement. They knew their physically abusive parents would be notified and they would be forced to return home.
7. A 2 year-old girl who, according to her father, had been involved in homosexual activity with her mother. This later proved to be another custody suit.
8. A 14 year-old girl who went to the local police station to ask for protection from her father. She had been involved in an incestuous relationship with him for the past five years; her mother refused to believe her; her relatives refused to help her.

It is clear that the cases are diverse, yet in order to work

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with these children some inclusive definition of the problem is needed. It can be said that sexual abuse is any childhood sexual experience that interferes with or has the potential to interfere with a child's normal, healthy development. Sexual abuse is the exploitation of one human being by another. It is an experience with which the child cannot cope physically, intellectually or emotionally. Physically the experience is highly sexually stimulating, but rarely satisfying. Intellectually, the child cannot give intelligent consent to or have a rational understanding of such an experience. Emotionally, the child cannot isolate his own feelings from those of others, thus he incorporates and assimilates the emotions of others. The sexually abusive experience is harmful because the child suffers. He suffers anxiety from excessive, unfulfilled physical stimulation and he suffers emotional confusion from his incorporated feelings of guilt and shame. Thus, the issue is defined, the myths are dispelled—but the problems remain. Let us examine the case of Susan:

Susan, an attractive, shy and frightened 6 year-old, was brought to the hospital emergency room by her father. Her mother had found blood in her panties that morning. Her father was agitated, confused and embarrassed. He was cooperative, but obviously at a loss to explain or understand the possibility of sexual abuse of his daughter. Susan separated willingly from her father, but refused to talk; she answered friendly questions with monosyllables. When questioned about sexual activity, she turned her face away and refused to answer. Initial attempts to obtain a history were futile; a nurse and two physicians all took turns in interviewing her to no avail. A third physician spent 45 minutes with her and, by engaging in games and role reversal, obtained a story which gave the impression that she had had a sexual contact with an adult male. Apparently, her older sister's boyfriend had approached her that morning in the downstairs entrance hall to her home. When this story was relayed to her father, he said it was impossible. He insisted she had been assaulted the day before by an elderly man in the neighborhood who frequently gave children money and candy and invited them into his apartment. Susan had been warned about this man. The father repeatedly asked the child to admit to this history and scolded her for her disobedience. Susan remained mute.

A physical examination of Susan was accomplished with much difficulty; she had to be restrained by two nurses and an aide for the genital examination. She was examined twice, initially with a vaginal speculum, later with an anal speculum; multiple cotton swabs were used to obtain vaginal and anal cultures. She cried, screamed and resisted during the entire examination and reexamination. Physical findings were minimal; the impression was moderate erythema and stretching of the vaginal opening, indicating probable sexual assault. After the genital exam, blood was drawn for a syphilis test, again the child had to be restrained. She was then left unclothed on a hospital stretcher. Her father was called to stay with her. As soon as he entered the room, he began to question her in an angry, insistent tone.

Soon the police arrived and immediately demanded the results of the physical examination. After a brief discussion with the physician and the child's father, they entered the examining room where the child remained unclothed on the hospital stretcher. Their first question to her was, "Has someone been messing with you?" She refused to answer.

The child never said another word while in the hospital. She

and her father left with the police to find the man who had assaulted her.

As demonstrated by the case of Susan, the impact of sexual assault on a child and many of its damaging effects result less from the abusive incident itself than from our reactions to and our management of the incident. In order to prevent such damaging consequences, we must not insist on a physical examination when it is unnecessary; we must not repeatedly question the child.

Perhaps solutions to many of the problems we face in dealing with the sexually abused child can be found in prevention—prevention on many levels. Mismanagement must be prevented. Prevention also demands changes in the legal procedure used in sex abuse cases. Time limitations must be set on what is now a very lengthy legal process. The court must be sensitized to the child's special needs and the laws changed to respect these needs. Prevention means providing treatment to families with problems of incest by reuniting and repairing rather than by disrupting families. It means learning how to best deal with the child's reaction to the assault and teaching parents how to deal with these reactions. Yet, such prevention can only be successful if we accept the fact that children are sexually abused; if we do not deny the existence of the problem; if we work to dispel false conceptions.

Perhaps the most important preventative effort is to educate children to trust their own judgment and to help them to develop an ability to discriminate between adults. They must learn that there are acceptable degrees of compliance and respect and that all adults are not worthy of their trust. Children should be taught that their bodies are their own and that they have the right to exercise control over them. Last, but most important in the prevention of sexual abuse, is to teach children that they have the right to say no!

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Incest As A Causative Factor In Anti-Social Behavior: An Exploratory Study

The Unspeakable Sin Of The Father
Which Must Rest Upon The Child

a paper by

Judianne Densen-Gerber
Jean Benward

ABSTRACT

The purpose of the study was to ascertain the incidence of incestuous relationships among female drug abusers. The population consisted of 118 female patients in treatment in the Odyssey House facilities in seven states. Using a questionnaire-interview technique, information concerning the subjects' past sexual behavior was obtained. Results indicate a 44% incidence of all types of incestuous behavior, 12% with fathers and 37% with vaginal penetration. The majority of the cases occurred when the female was under 12 years of age and with a male who was in the parental generation. The incidence of incest was not limited to any particular ethnic or religious group, nor any one region of the country. The authors conclude that the occurrence of incest in the histories of the subjects was of sufficient frequency to be considered a causative factor in the subjects' anti-social behavior.

INTRODUCTION

The phenomenon of incest—the incest taboo and the importance attached to its violation—seems universally acknowledged. The tragedy of incest is a recurring theme in the mythology, folklore and literature of both primitive and western civilization. The origin and function of the incest taboo is a frequent topic in anthropological literature.

Over the past 50 years incest has occupied an important place in psychoanalytic theory and psychodynamic formulations. Yet, despite its importance both theoretically and clinically, its discussion in the psychiatric literature is relatively scattered and scarce. The publications (most of them recent) on incest have appeared primarily in the United States and

Western Europe. The content of these studies varies according to the interest of the particular researchers. Generally they can be divided into four categories: those concerning 1) the motivation and characteristics of the participants; 2) the personality disturbances of the participants; 3) incest as a sub-type of sexual criminal behavior; and 4) the family constellation in which the behavior occurs. The first three types focus on the "offender," i.e., the male initiator of sexual activity. Relatively little research has focused upon the impact on the female "victim" or presented empirical material dealing with the incidence of incestuous behavior.

Although the occurrence of incest has been reported in most industrialized American and European countries, reliable information on its actual incidence is unavailable. To date there are varying estimates of its frequency, based on projections from cases actually reported to legal authorities. It is highly probable that the reported cases represent only a fraction of actual cases (as is common for sex-related crimes) and the true incidence is far greater than the projected estimates. It is, however, fruitful to compare those statistics available:

1. 832,000 cases over a 15 year period in the general population of the United States, 256,000 of which were father-daughter incest. (projected from a New York City study)
2. 1.1 cases per million population in United States—1930 (Weinberg, 1955)
3. 0.73 cases per million population in Sweden—1935 (Weinberg, 1955)
4. 5.1 cases per million population in Canada—1937 (Weinberg, 1955)
5. 1.5 cases per million population in England and Wales—1937 (Weinberg, 1955)

The highest reported incidence in any population occurs in the studies conducted by N. Lukianowicz (1972) in Northern Ireland. In an unselected population of 650 female psychiatric patients he found that 4% of the females interviewed had been involved in incestuous experiences with their fathers at some time in their childhood. In an unselected group of 700 male and female out-patients he found an additional 4% had had some experience with various other types of incestuous experiences, excluding paternal incest.

PRESENT STUDY

Background

The present study is concerned with the problem of incestuous experiences in the histories of female drug abusers. (The incidence among male patients appears low; however, for comparison purposes a subsequent paper on this problem is planned.) The study population comprised women currently in treatment in Odyssey House, a psychiatrically oriented residential therapeutic community treatment modality for drug abusers. Odyssey House is a nationwide program serving patients from 26 states, with treatment centers located in Louisiana, Michigan, New Hampshire, New Jersey, New York, New Mexico, and Utah.

We initially discovered the phenomenon of incest among our patients accidentally. Over the past few years the staff had periodically brought to our attention the fact that a female patient had been involved in a sexual relationship with a significant family member, usually because the incest remained

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an unresolved experience and/or because it appeared to be a factor in a patient's current regressive or acting-out behavior. However, when Odyssey began its Special Services to Women Program in 1973 (for pregnant addicts, new mothers and children, plus child abusers) there began to be such regular reporting of incest among our female patients that we believed we were seeing only the "tip of the iceberg."

Therefore, we undertook an exploratory study with the aim of gathering information on 1) the incidence of incestuous behavior; 2) the relationship between its occurrence and other selected variables; and 3) the impact on the female participants.

Method

The information for this study was obtained from face-to-face interviews conducted by female staff members, according to a standardized interview form. The study population encompassed all female patients in Odyssey House treatment centers in December 1974, with a resulting sample of 118 women. Their stay in Odyssey House had ranged from one week to one year.

Operating on the premise that incest is best understood within the context of pre-adult sexual experiences, we defined the term in a fairly broad sense. As used in this paper it refers to sexual contact with a person who would be considered an ineligible partner because of his blood and/or social ties (i.e., "kin") to the subject and her family. We used a more sociological than strictly legal definition of the concept. The term encompasses then several categories of partners including father, stepfather, grandfather, uncles, siblings, cousins, in-laws, and what we called "quasi-family." This last category included parental and family friends (e.g., mother's sexual partner). Our feeling is that the incest taboo applies in a weakened form to all these categories in that the "partner" represents someone from whom the female child should rightfully expect warmth or protection and sexual distance. Sexual behavior recorded as positive incest ranged from intercourse with consent; intercourse by force; attempted intercourse or seduction; molestation, primarily fondling of breasts and genitals; and exposure. We included other sexual behaviors besides vaginal intercourse as intercourse; namely, all penetrations, anal, oral and vaginal, both passive and active. Cunnilingus and fellatio were not uncommon activities; nor was sodomy.

FINDINGS

Description of Population

We were able to interview a reasonably heterogeneous sample of subjects from across the country. Somewhat less than half of the subjects (44%) had been raised in the Mid-Atlantic region, including New York, New Jersey and Pennsylvania. The rest of the subjects were fairly evenly distributed among the other regions of the country as follows: 10% from New England, 12% from the Great Lakes region, 10% from the South, 8% from the Mid-Southwest region, 10% from the West-Northwest region and 6% who had grown up in several different areas in Alaska or Hawaii.

In terms of ethnic groups, our population included 53% white females, 40% black, plus a small number of Hispanic (4%) and Indian (2.5%) women. One unexpected finding was that our population included a high proportion of Catholics (36%), although the largest single group was the Protestants (42%), with the remainder including Jews (6%), Mormons

(4%) and a group (11.6%) whose religious affiliation was either unknown or fell into the category of other (e.g., Muslim, Eastern Orthodox).

Our population tends to come from the lower income brackets, with 57% of subjects growing up in families with a total income of less than \$10,000 per year, and 22% from families with an income of less than \$7,000 per year. (This represents family income at time of study; we assume the income level was less at the time of the incestuous experience.) They came from families where the parents were mostly semi-skilled blue collar workers and in which the mothers worked periodically to supplement family income. When we look at family size, it becomes clear that these families are in fact poorer than is suggested by income alone: 65% of subjects grew up in families with four or more children, 23% in families with seven or more children.

Looking at the personal characteristics of our subjects, we find that the majority have never been married (74%), while the remainder were married (8%), separated (10%) or divorced (7%) in fairly equal numbers.

The age span was from 13 to 42 years, with the majority (82%) between the ages of 15 and 26. Despite the fact that most are in the prime childbearing years, over half of the subjects (55%) have no children; 11% two children; 8% three children; 3% four children and 4% five or more children. Interestingly, of those who do have children, over one-third have three or more children.

Incidence

Of the 118 women interviewed, 52 (44%) had been involved in an incestuous experience. These 52 women reported a total of 93 different incestuous partners, 85 of whom were male. Twenty-nine reported only one incestuous partner and 23 reported multiple partners, ranging from two to six partners with an average of 2.6. Female partners were reported only by those who also reported a male partner. Thirty-four (37%) of these encounters involved intercourse, and the remaining 59 (63%) encompassed behavior ranging from intercourse, fondling of breasts and genitals, exposure, and attempted seduction. Out of this incest group, 67% (35) reported that their first sexual experience occurred with an incestuous partner and 25% (13) reported their first sexual intercourse occurred with an incestuous partner.

Operating on the premise that the taboo and the resulting impact of its violation applies more strongly to sexual partners of the parental generation (because of the authority role as well as the protection need) than it does to those who were age peers with subjects, we divided the partners into these two categories for comparison purposes. We found that 35.5% (33) of the partners were age peers with the subject and 64.5% (60) were in the parental generation.

Within the age peer group, the largest single category comprised cousins (36%), followed by inlaws (24%), sisters (21%), brothers (12%), and stepbrothers (6%). Of these relationships, 51.5% involved intercourse. Intercourse was most frequent in the involvements with cousins (75% of cousin contacts involved intercourse), followed by stepbrothers (50%) and brothers (25%). (Looking at it another way, among the age peer group, 53% of all cases of intercourse were accounted for by inlaws.) Looking at the cross-generational partners, the largest categories comprised uncles (27%) and quasi-family (27%), followed by father (18%) and stepfather (13%). (Note that the distribution of partners falls into a pattern in keeping with the

strength of the incest taboo; it is not surprising that uncles are more common than fathers or cousins more common than siblings.) The frequency of intercourse was lower among the cross-generational group, with intercourse occurring in 37% of quasi-family involvement, 37% of stepfather involvements, 28% of cousin-inlaws involvements. Quasi-family (35%), uncle (18%), and stepfather (18%) accounted for most of the cases of intercourse (71%).

To summarize, the most common incestuous partners were uncles (17%), quasi-family (17%), cousins (16%), inlaws (13%) and fathers (12%). These five categories account for the majority (75%) of the incestuous partners.

Our subjects were young when these cross-generational incestuous involvements occurred. Forty-five percent were 9 years old or younger at the onset of sexual activity. Seventy-three percent of the subjects were 12 years old or younger at the onset of sexual activity. Of those sexual encounters involving intercourse (28%), most took place between the age of 10 and 15 (70%). Looking at the duration of sexual contact, we discovered a marked difference between those involvements with age peers and with parental age partners. Sixty-five percent of the parental age contacts lasted less than six months, while only 39% in the age peer category lasted less than six months. This difference in duration does not hold true for the long term relationships. In both groups, 15% of the involvements lasted three or more years.

Comparison of Incest with Non-Incest Subjects

Comparing the two groups we find first that whites are slightly over-represented in the incest group. While comprising 53% of the total population, they account for 56% of the incest group. Blacks are under-represented, with 40% of the total population but only 33% of the incest group. This, then, repudiates the "popular" notion that incest is a black phenomenon. Hispanics and Indians are also over-represented in the incest group: Hispanics represent 8% of the incest group versus 4% of the total population, while Indians represent 2.5% of the total population versus 4% of the incest group. However, in these last two groups the number was so small that we have to question the validity of the finding. More follow-up work with Indian and Hispanic women is planned.

Looking at subjects' families, we found that the incest group came from poorer families with more children in the family. 36.5% of the incest group came from families with an income of less than \$7,000 per year, as opposed to only 10.5% of the non-incest group. Seventy-three percent of the incest group came from families with four or more children as opposed to 61% of the non-incest group. This is not to imply that incest occurs only in the lower socio-economic groups since we were dealing with a biased sample. What is implied is that conditions resulting from lower income and larger families may play a secondary role in the etiology of incest.

In terms of marital status there was no difference between the two groups. Seventy-three percent of the incest group was single and 74% of the non-incest group was single. There was a difference between the two in terms of number of children; the incest group tended to have fewer mothers than the non-incest group but when they did have children, the incest group tended to have more (37% had two or more children as opposed to 19% in the non-incest group). This suggests a reaction against the incest that can take two extreme forms. The females may revolt against sex and femaleness totally—thus having no children. Or they may become involved in

heterosexual relationships with an attitude of helplessness and apathy, refusing to exercise any control over their destiny—thus having many children. This factor should be studied and considered in all runaway situations, particularly since in many jurisdictions the runaway is treated as the criminal but in reality she may be expressing health through acting-out.

In terms of regional distribution, there was a somewhat greater proportion of the incest group from the West-Northwest, Mid-Southwest, and New England regions than their representation in the total population. While the West-Northwest accounted for 10% of the total population, it accounted for 17% of the incest group. The Mid-Southwest accounted for 7.5% of the total population as opposed to 15% of the incest group. Incest then is not a phenomenon restricted to either urban or predominantly rural areas of the country.

As a group, our subjects tended to leave the parental home at an early age, with almost half (46%) leaving at age 16 or younger. The difference between the incest group and the non-incest group is striking however: 52% of the incest group had left home by age 16 as opposed to 39% of the non-incest group.

As a total group, our subjects also had their first sexual experiences (non-intercourse) at a relatively early age, with 62% having had some type of sexual experience by the age of 13. Again, there is a noticeable difference between the incest and non-incest group: 42% of the incest group had a first sexual experience by the age of ten, whereas only 19% of the non-incest group had done so. While 29% of the total population had experienced intercourse by age thirteen, 44% of the incest group had done so, and only 17% of the non-incest group had done so.

Looking at other dimensions of sexual behavior we found some further differences between the two groups. In terms of prostitution, there was little difference: 33% of the incest group had engaged in prostitution, while 29% of the non-incest group had done so.

In terms of total number of sexual partners we found that 55% of the incest group had reported ten or fewer sexual partners, while 61% of the non-incest group reported ten or fewer partners. However, looking at the upper range we found, interestingly, the non-incest group reporting more sexual partners: 26% reported over thirty partners, while 12% of the incest group reported over thirty partners. This data should be viewed with caution, however, since some reports of sexual partners included prostitution partners and some excluded them.

Looking at the incidence of rape we found that 48% of the incest group had been raped, as opposed to 40% of the non-incest group. However, the difference becomes smaller if we exclude rape by an incestuous "partner." Excluding incestuous rape, 37% of the incest group had been raped compared with 40% of the non-incest group. Putting this another way, almost 12% of the incest group had been raped by an incestuous partner (or 5% of the total population).

Finally, we compared the two groups with regard to their psychiatric diagnosis. While the data should be viewed with some caution since a significant percentage of the diagnoses were unavailable, we did find that the incest group was more frequently diagnosed as neurosis, depressive type than the non-incest group (25% for the incest group versus 17% for the non-incest group). The incest group was less frequently diagnosed as personality disorder than the non-incest group (35% for incest group versus 44% for the non-incest group). This suggests that a consequence of incest is a depressive reaction in

conjunction with deviant behavior.

Let us look now at how our female patients react to these incestuous encounters. The encounters can be divided into three broad categories: 1) situations to which the female actively consented; 2) situations where the female passively consented; and 3) situations in which the female was forced into sexual contact. The relationships with age peers fall by and large into the first and second categories. These girls did not actively resist the involvements for a variety of reasons, including genuine attachment to the partner. It should be added however, that their consent did not preclude ambivalent feelings about the involvement and that the involvements were sexually stressful situations; i.e., at no time did they feel completely accepting of their involvements, nor did they not worry about discovery or the ramifications for family relationships.

Our major concern however, is with the sexual contacts with men in the parental generation because of the greater psychopathological sequelae. These fall into the latter two categories: situations in which the female child passively consented or in which she was forced. As anticipated, the female children reacted quite differently to these two situations. In cases of forced interaction, the female child might scream, run away, or submit in fear; and afterwards, sometimes tell a trusted family member. By and large, these children were able to avoid a repeated occurrence of the situation, unless the rape had been preceded by a period of sexual involvement, without intercourse, as was common for the cases of paternal incest. These situations account for approximately 48% of the cases of sexual contact in the parental generation group and explain the high figure for contacts that lasted less than six months (65% of all contacts). Yet, despite their ability to protect themselves from future trauma, these women report that the incident remains currently vivid among their childhood memories. At the time they became quite frightened, confused and carried with them a sense of lost faith in the male adults in their environment; they questioned thereafter whether adults, especially males, could be relied upon to protect and care for them.

The girls who passively consented to the sexual involvement carry the greatest psychological burden. Generally, they exhibited a "silent reaction," they told no one of their involvement, attempting to mask their true feelings and act as if nothing had happened. At the time of the involvement they report feeling confused, humiliated, guilty and in a state of disbelief—much like having a bad dream from which they hoped to awaken. They felt helpless to disengage themselves, in part because they experienced, albeit inappropriately, the gratification of needs for attention and closeness otherwise missing in their environment. These children seldom reported the situation because they felt ashamed and/or because they felt no one would believe them. In fact, out of the total of 52 cases with 93 partners, only two incidents were reported to the legal authorities.

It is revealing to look at the role of the mothers in these situations. Firstly, the mother was told about the incest in only about one-quarter of the cases. Secondly, when she was told, it was the rare mother who allied herself with the daughter by giving her emotional support or by moving to protect the daughter from future incidents. In only one case did the mother actually press charges against the male offender. In two cases of paternal incest, the mother eventually divorced her husband. Generally, when the mother was informed in both paternal and non-paternal incest situations, she refused to

believe the child or if she did, she expressed considerable blame and anger towards the girl. In either situation, the mothers took no active steps to intervene, other than occasionally telling the daughter to stay away from the male. These then are the children who finally ran away from an otherwise unmanageable situation when it became realistically possible. They account for the high proportion of young adolescent runaways among the incest group.

CASE HISTORIES

Case 1 (Step-Father)

C.D., a 35 year-old black Protestant woman, was the youngest of eight children in an urban Southern family. Her father, a Baptist minister, supported the family by collecting used paper goods and the mother supplemented the family income by migrant farm work. C.D. reports being very attached to her father who died when she was 6 years old. About a year prior to this the family had taken in a boarder, Mr. M., a man in his late thirties, with whom the mother, despite her apparent adherence to fundamentalist Baptist beliefs, carried on an affair. After the father's death, the patient's mother and Mr. M. openly lived as man and wife; he was acknowledged both within and outside the family as the patient's stepfather.

Her involvement with the stepfather began at age 12 (she was at this point the only child remaining at home). One day she asked her mother for 15 cents and when the mother refused, she asked her stepfather. His response was to fondle her breasts and after she passively consented, he gave her 25 cents. This began a pattern that lasted with him over a year, and actually as a life style until admission into Odyssey. Generally, he approached her in her bedroom or other parts of the house when no one was home, kissed her, fondled her breasts and genitals, always leaving money for her afterwards. Eventually he began to pressure her to have intercourse; at this point she became frightened and told her mother that he had attempted intercourse with her. The mother initially refused to believe C.D. but her insistence convinced the mother of the truth of the situation. Her mother then became angry with C.D. and blamed her for the entire situation. The mother refused to confront the stepfather and left C.D. to handle the situation as best she could—which she couldn't.

C.D. began to direct her attention outside the home. She increasingly became involved with boyfriends. At the age of 14, eight months after the revelation to her mother she became pregnant by a 19 year-old boyfriend. Her mother first threatened her with expulsion from home and then pressured her into marriage. C.D. moved north with her husband, after the birth of the child, and lived with him for five years. During the last two years he openly carried on homosexual affairs, and finally left her for a male lover. She had four children with her husband and nine other children by four different common law marriages.

Prior to entry into the program she had used heroin with her oldest two sons, and of the 13 children, six have been reported to legal and social service agencies for anti-social behavior. She was acquitted of the murder of her first common-law husband, father of four of her children, because of self-defense. Most of her present partners are at least five years younger, representing her drive for control with all heterosexual relationships. The dynamics of this fascinating case will be explored in a subsequent paper.

Case 2 (Father)

L.N. is an 18 year-old white Protestant, with one older and one younger brother. Her childhood was spent in the South-west with her father, a skilled machinist and her mother, a teacher. L.N. reports that as a child her mother was physically abusive to her, at one point assaulting her in the face and breaking several teeth. Alienated from her mother, she looked to her father for protection. At the age of 12, he began having sex play with her. She reported she welcomed the attention and the chance of being closer despite the fact she felt it "wasn't right." Shortly after this, her parents divorced and her father moved out to live with another woman. At this point L.N. began running away from the mother's home until the courts granted her to the custody of the father because her mother stated she could not control her.

The sexual play with the father continued when he was granted custody of her. When she was 14 years old, the father, while drunk, forced L.N. to have intercourse with him. Shortly thereafter L.N. told her stepmother about the situation but the stepmother refused to believe her, stating she was misinterpreting his "fatherly affection." Thereafter, intercourse occurred at least monthly, for approximately one year, usually when the father was drunk. Around this time L.N. sought escape by using drugs. At age 16, she was rescued by being arrested for possession and put in a juvenile home. She has not had to return home since then. However, she had told no one of the reasons for her drug use until we began this study and other women had spoken out.

Case 3 (Father)

E.N. is a 26 year-old white Catholic who grew up in a metropolitan area in the Northeast. The second child (first girl) of six children, E.N. was told from an early age that she had been unwanted and was the result of intercourse forced on her mother when the father was drunk. The first 20 years of marriage were marked by chronic arguments between the parents generally followed by the father's temporary desertion of the family. When he was home, the father often assaulted both his wife and the children.

E.N.'s involvement with her father began when she was 9 years old and her mother was pregnant with the fourth child. He initiated sexual activity to which she consented in a state of confusion and disbelief; the sexual activity primarily involved fondling of her breasts and genitals. This continued periodically for several years and intensified when the mother was pregnant again with the fifth child. Finally, she began to resist his advances at which point he directed his attention to her younger sister.

E.N. left home at age 16; she began using drugs with her husband (whom she met at 17) and continued to do so for the next eight years. She had three children with three different men; she entered the program several months pregnant with her third child, addicted to methadone. Prior to this, she used to pacify her 2 and 5 year-old sons by forcing them to inhale marijuana smoke. Since then she has been observed in a variety of seductive overtures to her oldest son, including a recent episode of exposure and masturbating in his presence.

DISCUSSION

Reviewing the histories of our female patients we found the occurrence of incestuous experiences of sufficient frequency to warrant the conclusion that incest was a major factor lead-

ing to the development of anti-social behavior. Because the significant persons in the child's environment do not appropriately gratify the child's need for warmth, closeness and affection, the child's psychosexual development becomes disrupted with subsequent personality effects. Even more devastating to the child is the mother's acquiescence and the earlier and more inappropriate the response to the child, the greater the disturbance that will result. In the cases of "voluntary" participation, the early experience of sensual stimulation leads to a premature development of sexuality without adequate means of coping with the sexual tension. In the cases of forced sexual interaction, the child's ego is helpless to cope with the frustration, rage, and conflict. The ego becomes vulnerable to other kinds of impingement and assault. Basically, whether or not the female child has consented to participation, the resultant anxiety and guilt are difficult if not impossible to manage. The child cannot integrate the experience in any constructive fashion and we have not yet developed proper treatment tools.

Essentially, these sexual experiences constitute serious stress situations for which the child is not provided support or aid in achieving resolution. The consequences are:

1. Disruption of normal development, with defective super-ego formation.
2. Loss of self-esteem, unresolved grief and internalized anger.
3. Difficulties in maintaining healthy interpersonal relations.

At adolescence, with an increase in both psychological and physical anxiety the female becomes even more desperate to find relief from her situation and/or previously unmastered conflict. Thus, she is especially prone to seeking outlets for her inner turmoil via anti-social behavior and relief through the use of drugs. Once the incest barrier has been broken, the pathway to other forms of deviant, particularly promiscuous, sexual behavior is wide open. As children, having experienced their social environment as unprotective, the adolescent and adult females, then, exhibit a marked inability to protect themselves from self-destructive behavior and relationships.

The material presented above by no means constitutes an exhaustive study of incest nor even of the various dimensions of incest among our patients. Our aim was to see if incest was a significant factor in the production of anti-social behavior necessitating further study. It is our belief at the present time that the leading single type of child abuse towards the female is sexual in origin, begins prior to puberty and may run as high as 5% of the population. Furthermore, the seriousness of the child's situation becomes even more apparent when we consider that these cases went unreported and undetected outside the family, with no subsequent therapeutic intervention! Considering family situations: the large family size, low income and the inability of the family to protect the child from these sexual encounters or prevent their occurrence we believe that incest reflects a basic neglect of the child to appropriately assure the child's well-being and healthy development. The result then is a second generation of inadequate parents, who will produce subsequent generations of neglected children unless we develop the tools for prevention, detection and treatment of these families and their children.

The material now available leads to some important conclusions. First, the incidence of incest among our patients is appallingly high. Incest was not limited to any particular ethnic or religious group, although Jews were excluded even though Jewish women are significantly addicted. While the

literature predominately depicts cases of seductive adolescent females, our patients were truly victims. As children, they found themselves subjected to acutely stressful sexual situations, with permanent sequelae. Among these were: 1) Precocious sexuality; 2) premature and pseudo independence; and 3) unresolved psychic conflict. Because almost half of these situations occurred when the female children were nine years old or younger, we believe that incest is a major category of child abuse.

CONCLUSIONS

1. There is a great need to confront the causes of incest, to develop the tools for detection/prevention, and to develop methods of treatment. Child protective agencies and mental health workers need to develop a closer working relationship with physicians and law enforcement agencies to ensure the welfare of the many female children subjected to this type of abuse yearly.
2. The problems surrounding incest are one and the same as the problems of the abuse of children. We should move beyond the taboo and toward prevention within this age group.
3. With the growing concern of women for women, this extremely devastating form of violation with its permanent psychic sequelae (namely solution for rape of a child by a parent figure) must be faced and dealt with.
4. Much further work must be undertaken in an area which seems taboo even to investigation, no less to development of problem solving, prevention and treatment techniques. Further areas that will be studied by Odyssey and hopefully others in the coming year are:
 - 1) The relationship of incest to parental alcoholism.
 - 2) The family matrix in which incest occurs, both in terms of family history and social realities, and psychodynamics over a three generational period.
 - 3) The relationship of incest to subsequent role and identity failure especially in the areas of parenting, interpersonal relationships and sexual attitudes and behavior.
 - 4) Further exploration of psychopathologic sequelae and their manifestation in deviant behavior.
 - 5) A comparison study of incest cases involving male children.

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Incestuous Behavior As An Etiological Factor Leading To Juvenile Delinquency And Crime

a paper presented by

Wanda S. Schmidt

Statement of the Problem

This author addresses herself to the question of incestuous behavior, in its covert and overt forms, as a possible delinquency and criminogenic factor.

The scope of the study encompasses the problem in terms of the socio-economic family background of incest participants and in terms of the prevalence of this behavior in a selected county in the greater metropolitan Washington, D.C. area.

Problems related to the detection, identification and handling of such cases by the appropriate authorities (police, juvenile court and detention facility) are examined.

Methodology

The technique used in this study is that of an in-depth analysis based primarily on case histories known to this author in her past capacity as both a senior probation counselor and social worker. Court cases assigned for supervision were seen in counseling sessions at the rate of approximately one per month during a period of one to one and one-half years. Home and school visits were made and parents were seen periodically.

Study Sample

The study sample comprises a total of 37 cases. The data for the study are derived from case histories, questionnaires, and interviews elicited from the juvenile court statistical reports, a vocational rehabilitation agency, a private mental health clinic and the police records. No effort has been made to search all the records of the above agencies in a systematic manner, except for the police records. Individuals are referred to by case number. The county from which the sample was drawn is unnamed in order to protect the anonymity of the individuals.

Definition of Terms

For the purposes of this study, the term incest behavior shall be used in its broad meaning to include sociological, psychological, and psychoanalytic connotations as follows (Gould & Kolb, 1964):

Incest may be defined as heterosexual relations between members of the nuclear family and by extension, between members beyond the nuclear family. In sociology and psychology the term is confined to heterosexual relations between members of the nuclear family. In psychoanalytic psychology incest tends to be treated

primarily in terms of its role as a wish which each growing child must cope with and learn to control, and the persistence of this wish in the unconscious. Specifically, the wish is directed by the child towards its parent or sibling of the opposite sex. (p. 322)

TABLE 1
TYPE OF REPORTED INCESTUOUS OFFENSES

N* = 37

Type of Offense	Child-Victim				Total
	Daughter	Step-daughter	Adopted son	Sister	
Incest	11	6	1	4	22
Attempted intercourse	2	—	—	—	2
Probable intercourse	3	—	—	—	3
Sodomy	4	—	—	—	4
Heavy petting	3	—	1	1	5
Bathing the victim	—	—	1	—	1
Indecent proposition	1	2	—	—	3
Behaving like a boyfriend (use of endearing terms)	2	—	—	—	2
Indecent liberties	6	1	—	—	7
Sleeping with the victim	1	—	—	—	1
Had daughter dress and undress in front of him	1	1	—	—	2
Viewing pornography together	1	—	—	—	1
Masturbating in front of victim and molesting her	1	—	—	—	1
Total					54

*Denotes cases

This concept constitutes the basis for understanding the dynamics of an incestuous relationship between an offspring and its parent of the opposite sex. If such a parent sexually stimulates the child through a period of several years, beginning when the child is 6 years-old or younger, in all probability such a child will be unable to resolve the Oedipal or Electra complex.

Case histories contained in the study illustrate how problems of identification, detection and handling by the authorities are linked to the child's emotions, i.e. a sexual attraction, verbalized as "love" for the incest participant. An interplay, therefore, of the basic psychological factors makes it very difficult for a girl to report her father or brother to the authorities, let alone to furnish damaging evidence against him in a formal court hearing and thus intensify her feeling of guilt. Such testimony is often considered by psychiatrists as a traumatic experience and is advised against.

Table 2 of this study shows that only three daughters (Cases 11, 4 and 10) and one stepdaughter reported incestuous incidents to the authorities. One of these, Case 11, deliberately testified in court in a manner intended to spare the father punishment.

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TABLE 2
PERSONS WHO REPORTED INCESTUOUS BEHAVIOR

N = *20

Reported by	To whom report was made					
	Juvenile Court	Probation Counselor	State Training School	Police	Social Worker	Private Clinic (psychiatrist)
Mother	2	—	—	—	1	2
Grandmother	1	—	—	—	—	—
Psychiatrist	—	1	—	—	—	—
Psychologist	—	1	—	—	—	—
Daughter (victim)	—	1	—	2	—	—
Stepdaughter (victim)	1	—	—	1	—	—
Brother	—	2	—	—	—	—
Adoptive son	—	2	—	—	—	—
Aunt	—	—	—	2	—	—
Counselor	—	—	1	—	—	—
Total	4	7	1	5	1	2

*Police data did not contain information on who made the reports, hence are not included in the table.

Problems of Identification

Case 8 of this study illustrates that the problem of inadequate media for detection of such cases in fact does exist. The record of this case reveals that the subject's incestuous relationship with her brother remained undetected for some two years. It was not detected until her commitment to the State Department of Welfare and Institutions after a number of trial-and-error placements were made for her. Although this girl underwent a psychological examination immediately following her first run-away incident, the roots of her maladjustment remained undetected; and her behavior problems became progressively more acute, to the utter frustration of the staffs of numerous agencies involved in rehabilitation plans for the girl. In all fairness, it should be noted that the nature of this girl's psychological problems remained obscured by the extremely unstable home situation. Nevertheless, a thorough psychiatric examination, under clinical conditions, would in all probability reveal the roots of the girl's problems.

Case 11 shows that the intake worker failed to accept the girl's complaint and assumed that the girl came to court with the intention of obtaining permission to live in the home of a girlfriend where she would enjoy greater freedom and less-strict supervision than in the home of the parents. By a strange coincidence, the girlfriend was living in the home of her married brother, where she was placed by a juvenile court from another jurisdiction because of an incestuous relationship with the stepfather.

In view of the fact that the girl in this case refused to return to the home of her parents, the judge remanded her to the detention home. Unfortunately, shelter care is inadequate in this county, and the social service department had no place

available in a foster home. The case was referred to the Probation Department for investigation and report.

Problems of Handling

With reference to Case 11, it is at this point that the two branches of the judicial process begin to proceed with their respective tasks, each handling the case from the standpoint of their separate and, at times, incompatible philosophies. While the probation counselor recommended that the girl be released from the detention home and frantically searched for a therapeutically oriented facility, the police pressured the court for continued detention, reasoning that once the girl was released the mother would be able to persuade the girl to retract the accusations made against the father. Hence, there would be no corroborative evidence to present in court. Pursuing their tasks of obtaining the evidence, the investigating detective and the office of the Commonwealth's Attorney pressed the court for continued detention of the girl and she was given a lie detection test.

The girl resented being detained and treated as a "juvenile delinquent" and expressed her feelings to the detention staff. This attitude led to her placement in isolation. To compound the unfortunate handling of this case, the judge, being totally unaware of the psychological roots of the girl's problems, interpreted her behavior, as presented in a court report, literally. Hence, he reprimanded her sternly in the course of the final court hearing and placed her on probation. The girl cried bitterly, unable to understand why she was subjected to a series of such harsh treatments.

This basically punitive approach as manifested in Case 4 and Case 11, at best aims to incarcerate the father, but actual-

ly fails to resolve the problem. After serving the prison term, the father (defendant) eventually returns to the community, while the victim continues to live with the basic psychological problems unresolved.

The discussion of Case 11 touches upon an important aspect in the process of handling juvenile cases, namely detention. By its very definition, detention is the care of children with behavior problems who *require* secure custody. But several subjects in this study (such as Cases 4, 11, and 2) did not require secure custody. They were placed in a detention home simply because other facilities for child care were not available. While at the detention home, they were not only deprived of the basic conditions required for their normal growth and development but were placed in isolation which tended to increase their anxiety and despair (Golding, 1965). In one case, a girl placed in isolation twice attempted to commit suicide. This girl confided in the probation counselor that "she had nothing to live for." She felt rejected by her mother who failed to visit the girl at the detention facility and who pressed for the commitment of the daughter to a training school. A supervisor on the staff of the detention home (although of the same racial origin as the girl) had not only failed to show her any sympathy but, in fact, reported the girl to the superintendent for insubordination. The latter, dissatisfied with a slow response to his command from this mentally-retarded girl, yanked her by the collar, emphasizing his demand for immediate obedience. Following her attempt-

ed suicides, the girl was released from the detention home into the custody of the mother, as no foster placement was available. (The social service agency refused to cooperate stating that there was no foster home available for a girl with this type of a problem.) A therapy program for the girl and the mother was arranged with the local child guidance center but was never followed through by the mother. (This girl was forced to have sexual relations by the father who threatened her with a kitchen knife. The incident was reported by the maternal grandmother.)

Detention of these girls, be it for the purpose of obtaining evidence or due to the lack of an appropriate facility, is contrary to the basic philosophy of the juvenile court system, as embodied in the following excerpt from the Juvenile and Domestic Relations Court Law of 1950 as amended (Code of Virginia, 1950):

It is the intention of this law that in all proceedings concerning the disposition, custody or control of children coming within the provisions hereof, the Court shall proceed upon the theory that the welfare of the child is the paramount concern of the state and to [sic] the end of this human purpose my [sic] be attained, the Judge shall possess all necessary and incidental powers and authority, whether legal or equitable in their nature.

Several investigators note difficulties in their efforts to estimate prevalence of the incestuous exploitation of chil-

TABLE 3
INCESTUOUS OFFENSES INVESTIGATED BY THE POLICE AND THEIR DISPOSITION

N = 29

Economic Status	DISPOSITION						
Offenses Investigated	Refused to Prosecute	Counseled; Released to parents	Referred to Welfare Department	Unknown	Guilty (Probation)	Pending	Divorce
LOWER CLASS							
Incest	—	1	2	—	—	—	—
Indecent Liberties	1	—	—	—	2	—	—
LOWER-MIDDLE							
Incest	5	—	1	1	2	1	—
Sodomy	2	—	—	—	—	1	—
Indecent Liberties	—	—	—	—	1	1	—
MIDDLE CLASS							
Incest	—	—	—	1	—	—	2
Sodomy	—	—	—	1	—	—	—
Indecent Liberties	—	—	—	—	—	2	2
Total	8	1	3	3	5	5	4

*Offense investigated was changed to a charge of "contributing to the delinquency of a minor."

dren, deploring the lack of media for its detection.

Case histories contained in this study illustrate how problems of identification and detection are compounded by the juvenile and criminal justice system in its present structure and function.

The data elicited from the police records presented in Table 3 reveal that out of 16 reported incest complaints received in 1964-1967, only two charges of this offense were made, but subsequently these charges were changed to "contributing to the delinquency of a minor." In eleven out of twenty-nine complaints reported to the police, no charges were made at all; and in the remaining cases the charges were changed to "indecent liberties," "contributing to the delinquency of a minor," or "sodomy." In eight cases, the mother prevailed upon the daughters to withdraw their accusations and refused to press charges. In all these cases, investigating detectives adhered strictly to the legal definition of incest, which differs from the sociological, psychological and psychoanalytic definition used in the study. Furthermore, the police need corroborative evidence in order to bring the case to court. Consequently, the reported cases of incest do not appear in the official court statistics as such, but they are included in the categories listed in Table 3 under "offenses investigated."

Incest and Crime

This investigator addresses herself to the question of whether incestuous behavior leads to juvenile delinquency and crime. This problem requires a careful analysis of the data which reveal that there had been only two juveniles for whom no offenses were reported and two for whom this information is unknown. The other offenses (non-incestuous) classified as juvenile delinquency acts are as follows: two school truancy; two behavior school problems; six run-away; two incorrigibility; one keeping company detrimental to the subject's well-

fare; and four promiscuity. Thus 16 juveniles committed a total of 32 offenses. Acts other than delinquent acts committed by the child-victims of incest were: five attempted suicide; one petty larceny; one breaking and entering with a concealed weapon; one car theft; two threat to commit murder with a dangerous weapon; one assault; and three intoxicated in public. Adults were charged as follows: one attempted suicide, three threat to commit murder with a dangerous weapon and two conspiracy to kill. Particularly serious are crimes against life which were committed by the child-victim as well as by the adult offenders. A closer examination of the data reveals that there were six cases of attempted suicide, five of which were directly related to the incestuous behavior. In five cases, threats to kill with a dangerous weapon had been made toward the incest participants. Among these cases we find the following: one father threatened his daughter with a kitchen knife should she tell anyone of the incident; one father pointed a gun at his daughter, as well as at his wife, and forced the daughter into submission. One adoptive-son knocked down his adopted mother and threatened to kill her. In two cases, similar threats had been made by significant members of the family. In one of these families, the wife and the son conspired to kill the husband, whom the wife caught *in flagrante* with his step-daughter. The wife and son planned to simulate an accident on a hunting trip but they could not agree who should pull the trigger. Before they were able to execute their plan, the husband cut his wrists and was committed by the court to a mental institution for observation. In one case, the daughter threatened her grandmother with a kitchen knife. In this instance, the daughter probably projected the subconscious feelings of resentment she felt toward the mother upon the grandmother, who resided with the family.

One may inquire how the rate of petitions filed on the juveniles in our sample compares with the rate of complaints for the juvenile population in the county as a whole. The 1966

TABLE 4
DISTRIBUTION OF INCESTUOUS OFFENSES BY SOCIO-ECONOMIC STATUS

N = 37

SOURCES

Juvenile Court, Vocational Rehabilitation, Private Clinic	No.	Police	No.	Total
Socio-economic Status		Socio-economic Status		
LOWER (unskilled labor)	3	LOWER (unskilled labor)	6	9
LOWER MIDDLE (skilled and technical occupations)	6	LOWER MIDDLE (skilled and technical occupations)	9	15
MIDDLE (salesman, clerk)	4	MIDDLE (salesman, clerk)	4	8
HIGH (professional, business)	5	HIGH (professional, business)	—	5
Total				37

Annual Report of the juvenile court reads as follows: "The Juvenile petition rate of .006 petition per capita has shown no significant increase in the past several years." This points to an extremely high petition rate for juveniles in our study sample who had been victims of incestuous offenses as compared to the total juvenile population of the county. The results of this study suggest that incestuous behavior, which is illegal *per se*, leads directly or indirectly to serious crimes and juvenile delinquency. The propensity to commit crimes against human life, as well as acts of juvenile delinquency, is particularly high for the child-victims of incestuous offenses in the population sample of the study.

A review of pertinent literature indicates that the incidence of detected and convicted incest cases in this country and abroad is higher for the lower socio-economic classes than for upper classes. Overcrowded, inadequate housing conditions are often mentioned as precipitating factors leading to this behavior. In order to consider this possibility, the data on economic status in Table 4 are examined.

We find that the highest frequency (15 cases) of reported incestuous behavior is not in the lower (unskilled labor) but in the lower-middle socio-economic category (skilled and technical occupations). The next highest frequency, nine cases, are in the lower socio-economic category (unskilled labor). Following that in frequency is the middle socio-economic category (such as salesman, clerk) which contains eight cases. The lowest in frequency is the high socio-economic category (professional, businessman) which contains five cases. Hence, the results obtained from our study sample reveal that incestuous behavior has been reported most frequently not in the lower but in the lower-middle category comprising skilled and technical occupations.

Visits to the homes of the 18 families revealed that inadequate housing conditions existed in not more than three cases, the remaining being adequate or better than adequate.

Racial Background

It is felt that due to the small number, a total of three subjects, no meaningful generalizations can be made regarding the non-white population. However, the number of black subjects in our study approximated the ratio of the black population in the county at large.

Age of the Male Offender

The data show that of 19 cases, the largest number of offenders who had been reported to the police as perpetrators of incestuous offenses is in the 35-44 age category—a total of seven offenders. Next in frequency of occurrences are those in the 25-34 and in the 15-24 age categories which both contain an equal number of three offenders. The lowest frequency occurs in the 45-54 age category, with two offenders. There are four unknown. The median age of the adult male offender when the offense was reported to the authorities is 35.8. The case histories reveal that some incestuous relationships began at the time when the girls were approximately 6 years of age; thus the age of the male offender at the time of the first occurrence would be several years younger than the 35.8 age. However, it is not the age of the offender that is crucial in terminating the incestuous relationship but the age of the girl victim. This is implied from the data on the age distribution of the child-victim at the time of reporting the incest offense.

The data reveal that of 37 cases, the largest number of reported incestuous cases (14 victims) are found in the 16-17 age category. Next in frequency of reported cases (12 victims) are found in the 14-15 age category. We find five cases in the 12-13 age category, two in the 10-11 age category, and one in the 8-9 age category. There are three unknown. Thus, the rate of reported incest cases increases with the chronological age of the victim. A possible explanation for the high rate of reported incest cases in the 16-17 age category may be found in the mores of the teen-age culture of our society, in which dating with peers of the opposite sex is socially desirable. Teenagers are known to have a strong need to conform to these mores. Moreover, the peers may exert pressure upon the girls to discontinue the incestuous relationship with their fathers. Our case histories reveal that two girls in our sample were, in fact, pressured by their friends (one of them a boyfriend) to report their fathers to the authorities. No reports of incestuous behavior for the younger child, ages 7-8, and a low rate for those children ages 9-13, imply that a younger child may be sexually exploited and remains virtually unprotected in the home for several years, as documented in our case histories. In order to prevent serious psychological damage and all of its concomitants to the child-victims of sexual exploitation, early and effective detection techniques are needed.

Proposed Solutions

In the preceding sections the problems of detection, identification, and handling of incest cases have been discussed. It is felt, however, that in order to remedy the situation, a new approach and adequate facilities must be made available to resolve problems related to and stemming from this behavior. In order to achieve these objectives, the following recommendations are suggested:

1. The scientific information related to the etiological and behavioral problems regarding incest should be made available to the social science practitioners, i.e. court staff, child welfare workers and school guidance counselors.
2. A child study and diagnostic center on a county or regional basis should be established.
3. A pre-disposition commitment to the child study and diagnostic center should be made of children found within the purview of the Juvenile and Domestic Relations Court Law.
4. The final disposition of these cases by the juvenile court should be made on the basis of recommendations made by the staff of the child study and diagnostic center.
5. Group homes and temporary child care centers as well as therapy-oriented facilities should be established.
6. Therapy should be made mandatory for all participants of detected incest.
7. The aims and efforts of all agencies concerned with the judicial process (i.e. police, Commonwealth Attorney's Office, juvenile court, detention and correctional institutions) should be coordinated, and their often divergent philosophies related to handling cases of incestuous exploitation of children should be converged.

Summary

The results of this study may be summarized as follows. Incestuous behavior is detected less frequently in the higher than in the lower socio-economic strata in the study sample, but an

inadequate standard of living does not appear to be the crucial factor in its occurrence.

The rate of the reported incestuous offenses increases with the chronological age of the girl victim. Incestuous exploitation of the younger girls (ages 6-12 or younger) tends to remain undetected for several years.

The findings of the study do not support a male-oriented contention that the age of a wife, often equated with her unattractiveness as a sex partner, or the age of her husband are significant factors in the father-daughter incestuous relationship. It seems more likely that these fathers seek sexual gratification with an immature subject as evidenced by the fact that in families with more than one daughter, every one of them becomes a victim of incestuous exploitation by the father.

The prevalence of an over-incestuous relationship between the mother and son is significantly lower than between the father and daughter.

Crimes against human life, such as threats to kill and suicidal attempts, as well as acts of juvenile delinquency are particularly high for the child-victim of incestuous exploitation. Hence, the results of the study suggest that incestuous behavior, illegal per se, leads directly or indirectly to serious crimes and juvenile delinquency.

The judicial system's present structure and policies related to the handling of incest offenses involving children is inadequate to provide protection to the child-victim and to act as a deterrent for the offender to commit similar offenses in the future.

The need for further research is indicated. This research should be designed to 1) detect cases of incestuous offenses in which younger children are victimized; 2) detect incest cases in the higher as well as in the lower socio-economic strata of the society; and 3) provide better treatment services and facilities to the incest participants and to significant members of their families.

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Facing Up To The Sexual Abuse Of Children

a paper presented by

Bennie M. Stovall

Laura L. Williams

It is only recently that the sexual abuse of children has been dealt with as a significant component in the array of child protection concerns. The slow and painful emergence of professional attention to incest involving children is incongruous in the face of long and persistent evidence available to professional helpers that pre-dating or underlying many other symptomatic behaviors being addressed is a childhood intra-family sexual experience. Therapists working with adult sexual dysfunction frequently encounter this history, as do marriage counselors and mental health practitioners. Youth counselors working with runaway children or adolescent prostitutes or children with emotional disturbances find this story exceedingly familiar. And who among us has not bemoaned the futility of working to remedy the by-product when "something should have been done promptly" to alleviate the root problem? Even in those cases where the basic problem of incestuous exploitation of children is blatantly exposed, the remedies are usually fragmented, simplistic and superficial, and in effect are no remedies at all. One approach has been to "rescue" the child victim by indefinite separation from his family. Frequently the child might be subjected to psycho-therapy to heal suspected or anticipated pathology. There is no escaping the suggestion of blaming the "victim" in such *treatment* of the offended child. Another popular alternative approach has been to focus on criminal prosecution of the offender or at least to counsel the rest of the family to evict the offender from the home. The efforts may be appropriate elements in a planned *comprehensive* treatment approach but, even as they are listed, it is obvious that none of them confronts the area of intra-family relationships and parental responsibility which is the focus of child protection services.

It is difficult to explain the resistance of human service professionals to exposure of and attention to the impact of sexual abuse of children. Certainly, it demonstrates the tenacity of societal taboos concerning sexual behavior. Firm traditions respecting the privacy of families and the sanctity of parental autonomy over children are also involved. These traditions are beginning to break down as a result of media exposure which serves to sensitize the public to subjects successfully repressed or ignored in the past. Tolerance of the expression of individual assertiveness may also play a part, as does the increasing community intolerance for the abuse of dependent minorities, including children. At any rate, it appears that the increased awareness and concern for the physically battered child has logically expanded to include the child and family enmeshed in a pattern of sexual abuse. The challenge of the social worker is to develop methods of service which will effectively protect these children.

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What will be reported here are some observations about the dynamics of sexual abuse of children and an approach to protection and treatment developed during the three year experience of Special Family Problems Services of the Children's Aid Society of Detroit (Michigan). Though relatively new, and unique in the state, the program evolved over several decades as the culmination of concerns shared by professionals in many public and private agencies in the area. The futility of the various remedies attempted by law enforcement, juvenile and criminal courts, child placement services and individualized psychotherapy or social services brought representative leaders together in the early 1970's to consider more effective alternatives. Simultaneous developments in the Michigan Children and Youth Services to accept overall responsibility for child protection gave impetus to this planning, as did the national movement to remove the runaway child from the delinquency category. It was not a great surprise to anyone that sexual abuse surfaced as a significant factor leading to the runaway behavior of girls. In this climate of public awareness and systems change, the time was right for a professional effort to design a comprehensive treatment approach to incest.

With the support of an informed and sensitized Agency Board of Directors, and with private funds barely adequate to provide a staff of two social workers, the children's Aid Society undertook a six month demonstration service. The response of the professional community in referring families for service confirmed that there was, indeed, a significant need to be met. A commitment was soon obtained for purchase of this service by the State Department of Social Services. In the first year, the staff expanded to four social workers and a full-time supervisor. After more than three years experience, we are convinced that sexual abuse of children can no longer be denied or obscured and that the skills available to social workers can be most effectively used in treatment.

When we began to work with these families, we had no specific information as to how we could be of service. However, we had a firm knowledge based on social work principles and were aware of the overall dynamics of family therapy. With this knowledge, we applied a broad theoretical base in social work as our approach to the solution of the problem. That is, we pre-supposed that incest is one of many family problems and that it could be dealt with in that context. Specifically, if a family is helped to recognize problem areas, through support and a helping relationship, the family is able to develop alternative ways of solving problems other than abusing children. In fact, with this knowledge, the family begins the whole process of treatment. Therefore, by using generic casework skills, we have helped many families to begin solving the problem of incest or sexual abuse. In doing so, we discovered some of the following dynamics.

Sexual abuse of children does not occur as an isolated family problem nor does it occur as an isolated incident. Upon close inspection of the family, one can see several other obvious problem areas. In addition, the sexual acting-out behavior has generally been occurring for any number of months or years. We have found that the incidents of sexual abuse are closely related to the stress level the family is experiencing. For example, the pressure of other family problems such as marital discord, financial difficulties, mental illness and alcoholism contribute significantly to the stress level of a family. As a way of dealing with this stress, the families begin abusing their children. By reducing other family problems, the stress level is thereby reduced and the potential

for continued abuse of children is also reduced.

Another family dynamic relates to the fact that sexual abuse is a learned behavior and tends to be generational. We found that many parents were themselves either sexually abused as children, or observed their parents abusing siblings. Along these lines, whether the abuse occurred to the parent or not, each parent has a significant role as the abuse occurs. That is, one or the other parent supports the abuse either on a conscious or unconscious level. Further, the abuse is a result of family pressures and stress; all members are affected and all children are potential victims regardless of sex. This is more easily understood if we look at individual family members. Father-daughter (or stepdaughter) was most reported to us and therefore is the group to whom we generally refer although the dynamics are similar in other forms of sexual abuse.

Mother, for whatever reason, generally tends to be an emotionally cold person. She withdraws herself from the emotional needs of her children as well as those of her husband. Father, attempts to satisfy his needs and because of his overall immaturity level, seeks out the children. The children, seeking parental nurturing that is unobtainable from mother, therefore turn to father. This behavior starts at a very early age as kissing and touching, and progresses to what we would more readily describe as sexual abuse. Another of the traits of these families, and it is true with abuse in general, is that the parents' view of the children is an inappropriate one. The parents are seeking to satisfy their needs and expect adult emotional gratification and behavior from their children.

Additionally, these families are similar to abusive parents generally, in that they tend to isolate themselves. This isolation is compounded by the fact that should the family actually seek assistance with their problem, societal taboos are so great that the family becomes even more reluctant to reveal their difficulty. More importantly, the actual resources in most communities are so limited that the family would not be helped even if help was sought.

Perhaps the most significant dynamic deals with understanding the individuals within the family. An important thing to consider is the fact that the greatest resistance to dealing with sexual abuse of children has to do with the helper's feelings of frustration. It is generally accepted that the trauma or the inherent detriment to the victim is so vast, and the solutions so limited, that it is best not to approach the problem. There is a great tendency to do nothing, as this somehow is in the child's best interest. We have discovered that contrary to this position, the greatest trauma to children who are sexually abused, comes with the discovery of the problem. In fact, we found that trauma is really related to the response of those who receive knowledge of the problem. That is, generally the adult reaction is outrage, indignation and a feeling that the child should be removed from the situation. This only creates immense guilt and confusion within the victim. This confusion is further heightened by separation and the implication that the victim is somehow responsible. Indeed, had the victim not told the outsiders, she would not be experiencing that guilt or confusion. Most significantly, we have found that the families who reveal information about sexual abuse, either directly or indirectly, are really attempting to seek help for the problem. This is a most important point because the professional, as well as the lay community, tends to ignore the family's cry for help. This is manifested in many therapeutic relationships as the client attempts to tell

the therapist about the problem either directly or through behavior. However, many therapists are insensitive to the client's attempt. In fact many therapists have not developed self-awareness in the area of human sexuality and therefore are very uncomfortable and unable to relate to the client's needs. We have already discussed the fact that the community ignores the family's cry for help by not establishing services to help the family solve the problem.

In view of the above dynamics, we have found the following treatment modalities to be successful. We define treatment as that process by which the family recognizes the problem areas on a conscious or unconscious level and demonstrates this cognizance through *observed* behavior. Therefore, it is truly inconsequential that the therapist labor the point of a family saying "yes, the abuse occurred."

The treatment process is thus begun by the worker establishing a basic trust relationship. It is essential that the worker use a non-threatening and supportive technique with the family during the initial crisis and throughout the relationship. We have also found that a single-worker-model accentuates the trust relationship and thereby accelerates the treatment process. This method not only reduces the number of people to whom the family has to tell the story, but it also helps to cut the red tape in assisting the family to obtain other supportive services.

Once the worker establishes this relationship the family is no longer concerned about removal of children or possible incarceration of the offender. Instead, the family is more willing to "risk" direct confrontation or reveal more of the family problems. By doing so, the parents also are able to alter their parenting performances so that children are no longer abused. It is at this point that the more formal treatment modalities appear workable. These include reality therapy, Gestalt, behavior modification or any other known family treatment technique. We find that it is only after we have established a relationship that these treatment modalities can be successfully applied.

In summation, we feel sexual abuse of children is one of many family problems. By remedying some of the other family problems, the stress-level is reduced and thus further abuse to children is also reduced. We have found that the traditional solutions of removal of children or incarceration of adults have not been successful in treatment to families. We therefore feel that by applying our socialwork knowledge of families, we can enhance family functioning and thereby reduce further abuse of children. It is also very important that the service be available immediately and that it has the characteristics of an out-reach program. It is this aspect of treatment for which the community is responsible. In addition, we have found that in order to truly serve our clients, a part of our responsibility is to educate and share with the community the fact that a service can exist which is successful in solving the problem.

Crisis Intervention With Sexually Abused Children And Their Families

summary of a paper presented by

Karen Leaman

The treatment approach described in this paper is based on the clinical experience of the writer and other personnel from the Child Protection Center (CPC), Children's Hospital National Medical Center, Washington, D.C. From October, 1975 through September, 1976, CPC staff offered consultation and brief treatment services to nearly 100 sexually abused children admitted to the hospital for inpatient or outpatient emergency services. Many of these children were age 6 or younger and many were sexually abused by someone known to the family. In most cases, the children, primarily female, were brought to the hospital for physical examination after abuse was suspected or discovered. As intercourse had not occurred in most of these cases, findings from the medical examination often could not prove or disprove a history of sexual abuse.

The crisis intervention approach to the child and family evolved from staff interaction with these families. CPC staff members found crisis intervention techniques helpful in the following ways:

1. Alleviating parental stress.
2. Alleviating guilt that the child may have experienced because of his involvement in the sexual exploitation.
3. Providing the parent with specific guidelines for managing the child at home after the assault.

The purpose or goal of crisis work is to help the child and family regain the level of functioning or equilibrium that they sustained prior to the occurrence or disclosure of the sexual abuse. Crisis intervention begins as soon as the child is brought to the hospital for help. At Children's Hospital, skilled professionals from the Child Protection Center interviewed the families and provided direct intervention. It is this writer's belief that emergency room personnel, nurses and residents can be trained to provide this same intervention if psychiatric consultation is available to them and if services have adequate staffing to allow for time spent in providing services to these families.

The crisis intervention with the child and his family includes the following steps:

1. Assessment of the child's and family's needs at the time of admission.
2. Explanation to the child and family of medical procedures that will need to be completed.
3. Information to the parents regarding the typical reaction of a child to a sexual assault.
4. Explanation to the parents of measures that they can take to reduce the child's anxiety regarding the assault.
5. Explanation to child and family of medical finding from physical examination.
6. Assessment of possibility of reassault.
7. Notification of proper authorities such as police and protective services.

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8. Mobilization of support people who family can rely on during the crisis.
9. Arrangement of follow-up appointments through hospital clinic, or through public health nurse for the purpose of reassessing child's level of functioning and for further support to family.

It is believed that crisis intervention can help families mobilize quickly after a crisis. Certainly for some families, where the child has a history of long term sexual abuse or where the family has inadequate coping mechanisms, further intervention is indicated. The crisis assessment can assist the worker in determining which families will need further intervention and which ones can cope without that assistance.

The Focus Of Group Treatment With Sexually Abused Children

a paper presented by

Nancy McMillen-Hall

It is my firm belief that all children who have experienced a sexual abuse of some sort must undergo a formal short term educational process under the guidance of a qualified counselor. These children suffer role confusion, feelings of insecurity (since their home and family were always thought of as "safe"), fear, guilt (especially if a separation of the family occurs after the child's revelation) and anger (more frequently at the system and the procedure required of them). Thus, even though the child verbalizes the wish to "forget about it," "not talk about it," etc., there are many issues confronting the child that must be dealt with. One must be sure that the child clearly understands all factors involved as much as possible, hopefully reestablishes a feeling of safety with a family member and frees him/herself of guilt that may affect him/her later on in puberty or adulthood.

The most effective means of assisting children in this process is through group counseling. With the group process as the primary means of education, the child gains certain insights unavailable through the individual method. The child sees, for example, that there are other little girls or boys who have experienced the same type of abuse and they are not odd or unusual. This helps the children to avoid focusing on the feeling that the abuse occurred because they are different. These children share many of the same problems and thus have the advantage of hearing alternative solutions from their peers. Finally, the group process relieves the isolation and heaviness of the situation and often frees the children to open up or discuss with their peers things they often would not share with an adult.

We try to keep the groups close in age as naturally a 6 year-old is going to view the event somewhat differently than an 11 year-old. We have an on going group of 4, 5, 6, 7, and sometimes 8 year-olds (if they are a young 8), and a group of 9, 10, 11, 12, and 13 year-olds (if they are a young 13). Whenever possible we separate the boys and girls. Sometimes we combine these groups for beginning art therapy or play therapy activities but always separate them for discussion times depending on the numbers of participants and the activities planned. There is an on-going adult group of sexual assault victims that older girls often fit into or if there are enough teenage victims we may have a special group for teenagers. Play therapy and art therapy are more frequently used in the young children's group; whereas, discussion is the primary group activity in the older children and adolescent groups. At times we may use movement therapy with the older children if anger seems to be an overwhelming issue or body and self concept is the current issue of concern.

Such group treatment of sexually abused children offers the opportunity to discuss and deal with 1) anger (often at one

who was supposed to be responsible for their safety or at the medical, police and social service procedures that are uncomfortable and often viewed by the child as punitive); 2) fear (children often fear they will lose their parents and that their home will be broken); 3) nightmares; and 4) sadness or grief (the children often grieve for the lost parent or family member and for the status quo of the family they used to know). There are other, definite goals to be worked toward in group treatment which center around greater understanding of the event.

First the children are directed, either through play and art therapy or routine discussion, to share with each other their thoughts on why this happened to them and what this activity meant to them. This often gets into a discussion of the parts of their bodies that were involved and the positive feelings these body parts generated—realistic dolls may be used. The children then speculate on what this activity meant to the abuser. This discussion should eventually focus their attention on the abuser and his or her possible reasons for doing such a thing and the conclusion that it had little to do with what they looked like or acted like but more with what was going on with the abuser and his or her needs.

This then leads to a discussion of who was responsible for these acts. Who was responsible for initiating such activity and did he or she know that such activity was wrong? The conclusion to be drawn in this particular group session is that the adult or older teenager was the one solely responsible for the sexual activity, knew that it was wrong and can be punished for his or her actions. At this point, there is an opportunity to let the children suggest the punishment. This focuses strongly on the proper placing of the responsibility on the abuser. It has been our experience that children are often harsher in suggesting punishment than the court system. It is after this session, if you have contact with the abuser or his or her therapist, that it is most appropriate to suggest a confrontation between the child and the abuser. At this time the child is told by the abuser that the abuser was responsible, did wrong and will never act in such a manner again.

Finally, the last concrete goal of such a group process should be to give the children alternative ways of handling such situations in the future. This is done by offering each specific situation to the group and extracting from them ideas of alternative action other than total submission to the authority of an adult when the child perceives the adult is demanding something of them that is wrong. The conclusion of this discussion must be that the child is able to say "no" even to an adult and enlist the advice and help of another adult rather than immediately submit. This can be done for the younger children through the use of animal pretend games in which one animal is placed in danger and the other animals must help it decide what action to take. Hopefully, through this process, the children will learn better ways of caring for themselves in the world and begin to develop some stronger feelings of control over their lives.

Each educational session is usually followed by an open session in which the children have the opportunity to discuss or act out the prevailing feelings of fear, anger and grief. This entire process generally takes children about six weeks but may be more or less depending upon the court action and family stress factors. A suggested schedule is as follows:

1. 1st session: Educational discussion of why the abuse occurred and what it means.
2. 2nd session: Open discussion will usually center around fear.

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3. *3rd session:* Educational discussion of who is responsible for the abuse.
4. *4th session:* Open discussion will usually center around anger.
5. *5th session:* Educational discussion of how child can handle similar situations in the future.
6. *6th session:* Open discussion usually will center around resolutions of anger, fear, guilt, and hope for the future; or if family has separated, will center around grieving for loss.

It must be noted that the mothers are considered to be vital in this process and must be given the tools and guidance to handle the children effectively between sessions. Thus the mothers are involved from the beginning by having a mother's discussion group run concurrently with the children's group or after the children's group depending on staff available to do this. The mothers are told of the purpose and goals of the group process and each session's specific focus is discussed with the mothers in order that they may continue the process during the week between sessions. It is also necessary and vital to offer the mothers the opportunity to discuss their feelings and the decisions they are facing and allow them the opportunity to grieve for the losses they are experiencing in order for them to be more effective with the children.

This method of treating children who have been sexually abused is still in the experimental stages as we developed this approach approximately six months prior to this writing. The attendance by those so far involved has been excellent and we find that many continue coming longer than the six weeks and the mothers call frequently between sessions. The groups are increasing in numbers due to referrals and some increase in reporting due to public awareness. We have no idea yet if this method is effective in preventing sexual problems in puberty or adulthood and hope research activity can be acquired in the program to provide follow-up on our families. The Sexual Assault Center was established by Prince George's County to offer counseling services to victims of sexual assault but since sexual abuse cases appropriately are referred to us we have found it necessary to develop a special program for this population of children. We hope to continually revise this program as our knowledge of what is helpful to these children increases.

Treatment Modalities

Workshop Overview

An attempt was made in the treatment modalities workshop to select papers and presentations indicative of the broad picture of types of services and techniques, both old and new. We therefore considered such things as therapy with the child, mother, or family; a more educational model of intervention in the interaction patterns of abusing families; and finally, what might be called intervention in or treatment of the social systems and situations which help create abuse. While viewpoints initially or on the surface may have seemed very different, the presentations complemented each other and seemed less at odds than at different locations on a continuum.

Dr. Pfeifer was concerned with primary prevention through a family-centered care program in a pediatric setting. Observation of mother-infant interaction and contact immediately after birth can identify the at-risk family. Aspects of the program include coordination of medical care, increasing the feelings of self worth, identifying areas of family stress, and facilitating referrals to community resources.

Dr. Engel discussed the psychiatric treatment of the abused child which he felt was a low priority item. In contrast to national statistics, he found that 80 percent of his mothers exhibited ego deficits severe enough to be termed "psychotic" and that therefore their children were especially in need of individual treatment. Abused children never have adequate opportunity to express their extreme feelings of hostility.

Mrs. Robison shared with us a triadic treatment approach: mother-child-teacher. The teacher actively guides the mother in interacting appropriately with her child. The teacher helps the mother learn 1) to interpret and to attend to signals from the child about his feeling-states; 2) to release some of the rigid control of the child; and 3) to generally see her child as less of an inanimate object.

Dr. Robertson presented a case history of shadow therapy (a Jungian technique) with a severely disturbed, physically, sexually, and emotionally abused child. It is her hypothesis that abused children are so busy focussing on survival techniques that they are unable to attend to normal developmental tasks. This results in inconsistencies in their level of emotional and social behavior.

Two presenters considered the problem of the abused adolescent. Dr. Lourie felt the situation which produced abuse was related to the parents' status at beginning middle age. At this time in their lives, parents have concerns about their achievement level and conflict begins with adolescents around the control/separation issues which are imminent. Abuse is a tool used by the family to avoid looking at other problems. Therefore the therapy of choice is family-oriented. Dr. Caruso felt there is a cultural acceptance of the idea that adolescents deserve to be abused. Runaways and beyond parental control cases are really "throw-aways" and abused children. Younger workers/therapists are advisable because of the developmental need for tolerance and flexibility of the adolescents.

The afternoon workshop discussion focussed on questions raised by the morning presentations:

1. What is good child rearing and who decides this? Cultural practices and value systems play a part in our judgments.
2. How can we obtain participation from at-risk parents if they feel they are able to handle their children?
3. What about coercion in treatment? Parents are frequently court-ordered but the children are never offered treatment.

4. What is treatment? Are we really talking about minimal effectiveness or self-actualizations?
5. What about the cost of treatment? Money? Lives? Do we need to do research on services? Is it possible to develop a prediction equation for re-abuse?

The following day, Mrs. Ball discussed group therapy with abusing mothers. Her groups frequently take on a family structure or organization, with therapists as parents and clients as children. Persistence, stated group goal or contract, management of regression, and some place to refer clients upon the termination of the group are important in successful group treatment. The abused child is not talked about or focussed on, but rather the parent is the center of attention.

Mrs. Childress described the selection, training, and job functions for family workers—or lay therapists. The value of the program lies in the possibility of a closer identification between the abusing parents and these workers than might be possible with professionals. The family worker participates completely in case management planning. An atmosphere of equal trust and respect for their function on the team is vital.

Valerie and Betty, who are co-chair people of the first Black Parents Anonymous Chapter in the nation (a parent self-help group) shared with us their experiences as abusive parents caught up in the system and as the recipients of well-meaning treatment by well-meaning treaters. Surely it was a unique experience to learn how others see us, and observe what we do in a conference setting where we are equals.

The final two papers suggested educational/behavioral techniques which we might use in improving immediate interaction between the abusive parent and the abused child. Dr. Bernstein discussed the use of behavioral modification techniques instead of punishment in changing undesirable behavior. The technique is neutral, and perhaps less anxiety-provoking. It generally works quickly, thus improving parents' sense of self-esteem, which might leave them open for longer-term therapeutic intervention.

Dr. Jaffa brought to our attention the quality of language we use in addressing children. Parents can be taught not to use negative expressions in talking to children and can learn to speak in ways which get the child committed to positive involvement in the direction the parent desires the child to go.

Blanche Seymour, Ph.D.
Clinical Psychologist

An Approach To The Prophylaxis Of Child Abuse: A Program Of Primary Prevention

a paper presented by

**Donald R. Pfeifer
Catherine Ayoub**

A program geared to the identification and treatment of potentially abusive families was started during 1974 at Hillcrest Medical Center. Hillcrest is a 646-bed community hospital in Tulsa, Oklahoma. The Pediatric Department consists of 39 pediatric beds and 50 newborn cribs. It has the community's only family-centered program in pediatrics and obstetrics. Fathers are permitted in labor and delivery; visitation of fathers is unlimited as are visitation privileges of healthy siblings. Mothers are encouraged to have contact with their babies soon after birth and rooming-in is provided for those who choose it. Nurses actively teach infant care and feeding on an individualized basis. Breast feeding is encouraged.

As this family-oriented service worked to enhance family relationships, it was evident that the number of children presenting with child abuse and neglect was also rising. In 1974, 119 cases of child abuse and neglect presented to our hospital. A suspected child abuse and neglect team (SCAN) was organized in January of 1975. This team saw 210 cases of suspected child abuse and neglect. While the SCAN team was gaining expertise in the investigation of child abuse, the nurses in the newborn nursery continued to observe mothering patterns. Aberrant mothering patterns suggested that many babies would later return suffering from abuse and neglect. Concerned nurses expressed the feeling that they were sending the babies "home to die." Although legally our child abuse laws provided appropriate protection for children who had already been abused or neglected, there was no legal mechanism by which official intervention could occur until abuse or neglect was actually present. We estimated that approximately 500 to 1,000 people trapped in potentially abusive family situations might be treated preventively. It was out of this concept that the "At-Risk" Program was born.

The preventive "At-Risk" Program provides specifically structured guidance in which physical, social, emotional and developmental health problems are all considered in an effort to eliminate poor parent-child relationships and to help families overcome crises which may result in child abuse. Three different segments of this program have been identified as follows:

1. Inpatient screening of infants and children.
2. Inpatient protocol and teaching programs in child and family health.
3. Pediatric "At-Risk" Outpatient Clinic.

The screening of infants and children begins during the mother's pregnancy, when the child is born, or when a child

presents to the pediatric unit for hospitalization. The "At-Risk" team and the nurses in the newborn unit on pediatrics assess the child and family in terms of certain "At-Risk" criteria. These criteria are as follows:

1. Low birthweight infant (if complicated by any of the below).
2. Infant or child with congenital defects or complicating medical problems.
3. Infant with a feeding problem or diagnosis of failure-to-thrive.
4. Mother of the infant with gonorrhea or syphilis.
5. Questionable or poor situations in the home—marital crises, physical or emotional losses, death, financial difficulties, etc.
6. Suspected parental use of drugs or alcohol.
7. Past history of children with poor growth.
8. Past history of unusual sibling death.
9. Past history of abused or neglected children.
10. Mothers in early teenage years (below 17 years of age) with no home support systems.
11. Mothers who refuse to return to the nursery during the newborn period for instructions on infant feeding, care, contact, or mothers who demonstrate inappropriate interactions with their children.
12. Mentally retarded or culturally deprived mothers.
13. Infant or child with multiple developmental delays.
14. Any combination of the above.

When a parent or child is found to meet one or more of these criteria, the family is interviewed by the appropriate members of the "At-Risk" team. The team gathers general information regarding the size of the family and the roles of its members. The family's social and financial status are evaluated. Because it has become evident that mobility, both in terms of housing and employment, has been a significant factor in evaluating families of abused children, these areas are explored in depth. Both parents are seen in order that they may discuss their feelings toward each other, toward the baby and toward the other children in the home. We are interested in knowing if a pregnancy is planned or not planned and if the baby was accepted and wanted at the time of birth. In the more severe cases of child abuse within our community, we have consistently found that the marital or ongoing relationship between adults in the home collapsed some time between the conception of the child and the time abuse occurs. There are some patterns of violence in the home. One spouse may also have been physically abused by the other.

A number of parents have a history of violent activities which have resulted in jail or prison. The parents almost invariably describe their own childhood as being chaotic and difficult. There is a particular emphasis on families where attitudes toward health appear poor. We are concerned about the mother who had no prenatal care and families who have other complicating physical or emotional problems which may place them under increased stress. The mental health nurse deals with the mother's expectations of her child and her ability not only to perceive and cope with her own needs but also to appropriately identify the needs of her child.

The public health nurse coordinator works with the family in an effort to assess their needs for a nurse's intervention in the home. She evaluates the support systems in the home and becomes keenly interested in supporting individuals who may

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be present for mother and child once they leave the hospital. Public health nurses and homemakers are often asked to participate in the home care in efforts to provide support for parents.

The nurses in the newborn nurseries and on the pediatric floor are attuned to the attachment behavior between parent and child and are aware of parents' involvement particularly in holding, feeding and bathing. Individualized health teaching for mother, father and child is offered by the staff and enables them to work on a one-to-one basis with the family.

Evaluations from all of these individuals are written in reports for inpatient and outpatient charts. Each professional is interested and concerned in offering a "helping hand" in a non-judgmental fashion to the family in turmoil. The coordinate their interactions with the family closely, as often these families are suspicious and have difficulty relating to others. After careful evaluation and coordination of efforts, if it appears that this is an endangered family, the child is then placed "At-Risk."

The second facet of the program involves inpatient protocols and teaching programs on child and family health. Some of this teaching is done on the newborn unit through the family-centered care program. Counseling is provided on an individual basis for children and their families by certain "At-Risk" team members.

This teaching is reinforced when a child is admitted with an illness on the pediatric floor. The failure-to-thrive infant is one which is of specific concern to the "At-Risk" team. Failure-to-thrive protocol, which provides a series of nursing guidelines, is initiated upon admission. The inpatient nursing staff and physician work together to differentiate the child's problem through medical evaluation, observation of feeding patterns, psycho-social evaluation of one or both parents, and developmental assessment of the child. Once organic etiology is ruled out and the child demonstrates significant weight gain, phase two of the protocol begins. (The pounds gained in the hospital are not necessarily a measure of success. On the contrary, they may actively reinforce parental feelings of inadequacy and further erode an already low self-esteem.) Active involvement of the parent in feeding and care begin. Active observation and supervision by nursing staff occurs whenever a parent is involved in the feeding or care process. Slow but continuous support, reinforcement techniques, and parenting guides are given to the parent until she feels able to feed and care for her infant.

The Pediatric "At-Risk" Outpatient Clinic is a specialty clinic within an ambulatory pediatric setting. Children from both the pediatric and newborn areas, as well as referrals from outside agencies, are accepted into this facility. The "At-Risk" Clinic is held weekly and anywhere from 20 to 40 patients are seen at that time. Other contacts, either through phone calls; visits to the emergency room; or individual appointments with "At-Risk" team members; take place with families throughout the week. Families who have need for a life-line may contact certain clinic members at any time. Clinic appointment time provides the family not only with medical follow-up but with social, emotional, and financial support, nutritional teaching and child care consultation. A small group of well-trained volunteers also serves as supportive people with whom families are able to work. The volunteers function in close coordination with the clinic as do individuals of other agencies. Recently, the University of Oklahoma School of Medicine at Tulsa has become a co-sponsor of the program. The "At-Risk"

Clinic is now held at the Tulsa Ambulatory Pediatric Center, a branch of the University. The program now serves as a teaching facility for medical students, residents in pediatrics and family practice, nursing students, developmental specialists, social workers, dieticians, law students and community workers.

Five primary objectives have been developed to achieve the goals of the "At-Risk" Program. They are as follows:

1. To provide coordinated and continuous medical care.
 2. To increase the family's knowledge of positive health maintenance and to help them achieve a sense of personal worth.
 3. To identify areas of family stress.
 4. To facilitate referral.
 5. To identify safety limits of parent-child relationships.
1. The first objective is to provide coordinated and continuous medical care for children and secondarily for their families. This does not necessarily mean that the total care for these children is provided at the "At-Risk" Clinic, rather the specialty clinics and other agencies within the community are used to their maximum potential in an effort to aid the family. Written and verbal communications with other clinics and agencies are an integral part of the program. The review sessions following these clinics aid individual team members in taking responsibility for follow-up.
 2. The second objective of the program is to increase the feelings of personal worth of both parent and child, and to provide them with increased knowledge of health maintenance techniques. Families identified as "At-Risk" are greatly in need of structure. Follow-up appointment dates are *always* given and active follow-up of missed appointments is mandatory. Specific discussion and demonstration of the child's needs and the means of meeting such needs are commonplace.
 3. The third objective of the program is to identify areas of family stress. Social and emotional problems appear to predominate throughout the clinic population. Eighty-five percent of "At-Risk" families have poor social situations—12% of the parents have serious emotional difficulties either of an overtly or borderline psychotic nature and 90% of the families could be listed as multiple problem families.
 4. The fourth objective of the program is to facilitate referral and obtain feedback as a result of that referral. A major thrust of the program is to increase community awareness and obtain care for families through available community resources. Review sessions which involve all professionals in the clinic are open to professionals from various agencies who may be actively involved with a patient. Those involved in the "At-Risk" Program consider it their responsibility to become assertively involved in providing written and verbal contact with other agencies with whom their clients may be involved.
 5. The fifth objective involves accurate evaluation of the level of safety between parent and child. Clues from both parents and their children that indicate there may be an impending crisis are watched for. The availability of clinic personnel to these families at a time of crisis is essential. Clinic members attempt to work closely with others in the community who are involved with such families to aid in getting them immediate help. The responsibility for making a decision about the family is accepted by the clinic.

What kind of families need this special care? Thirty-three percent of all patients on referral were newborns. All new-

borns referred had at least *two* of these four problems: low birthweight infants, mothers under 17 years of age, retarded mothers, drug dependent mothers. Problems seen in the children included multiple congenital defects, children with small or large head circumferences, and children with a diagnosis of an infection in the bloodstream (sepsis) at birth.

Forty percent of all the children seen were between the ages of 1 month and 2 years. These children were most often referred with a diagnosis of non-organic failure-to-thrive. Another significant group were children with developmental delays.

Major categories of problems seen in the 2 to 6 year-old age group include malnutrition, congenital problems and emotional problems in children. Children between the ages of 7 and 16 most commonly present with chronic illness: specifically, asthma, seizure disorder, cystic fibrosis, emotional problems and minimal brain dysfunction, and learning disabilities.

The hospital and clinic settings are used as a resource through which the family can be evaluated and supported from its beginnings. This is unique in that the birth of a child in the hospital is the norm and provides a population available for the asking. It may also be the only contact a parent has with a helping person until abuse has occurred.

Although we have been in existence for only a short time, we are committed to the notion that a family-oriented program works. In 1976, we served 500 families. Since operation of the "At-Risk" Program, no family actively involved in the program has had a child admitted to the hospital for abuse or neglect. Parents identified as unable to work with the program and other agencies due to social or emotional suspicions or isolation were tagged "high priority" by the "At-Risk" Program and the Child Abuse Agency was asked to intervene. Our ability to predict abuse and neglect has been frightening. In 1975, out of 20 children identified as "priority" whose parents refused follow-up, 17 were removed from their homes for child abuse or neglect within 6 to 12 months following initial identification.

The "At-Risk" Program provides the beginning of a realistic approach to the primary prevention of child abuse. Further evaluation is needed, but our feedback is beginning to indicate that prevention is possible.

A Triadic Treatment Approach To The Mother-Child Dyad

summary of a paper presented by

**Esther Robison
Frances Solomon**

There are many treatment programs with child abuse as their focus. Most of these programs center their attention on the internal dynamics of the mother, while the relationship between mother and child is almost totally ignored. Unless the mother and child are treated together, areas of conflict and interactional problems are not observed nor dealt with. This is of special importance if the child is under 3, the period when most abuse occurs and when the mother's behavior toward the child becomes overwhelmingly important for the rest of his emotional and cognitive development.

It is our impression that in programs where an attempt to treat mother and child are made, specific techniques addressed to the underlying pathology have not been developed, rather an array of "parenting" techniques have been applied unsystematically.

Close observation of inpatients cited for child abuse over a three year period yielded the following impressions. (We realize that many are global and require greater refinement and systematic testing).

1. Abusive mothers share an inability to clearly see their children as separate entities and sentient beings.
2. They often handle their children like inanimate objects, not through malevolent intent, but through an incapacity to anticipate any connection between their own acts and the consequent reactions of their children—be it painful or pleasurable. They cannot interpret simple affective behavioral cues of the child. One mother for example, when asked how she knew that her smiling child was enjoying something she had just demonstrated for him said, "He is trying to do it again" but neglected to perceive the smile on his face.
3. Some mothers' cultural limitations account for the absence of skills in utilizing the cues of the child to optimize and enhance his skills in dealing with the world. In abusive mothers the absence of these skills is exacerbated by an exaggerated fear of loss of control of the child, which makes physical abuse an easy first-line attack rather than a last resort.

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The authors wish to thank Vincent J. Fontana, M.D. (Medical Director, New York Foundling Hospital; Chairman, New York City Task Force on Child Abuse and Neglect; and Program Director, Child Abuse Projects, New York Foundling Hospital) for his enormous support and encouragement of our development of this treatment effort.

4. Child battering does occur as a result of intense stress or as a response to extreme provocation by the child; however, when severe handling occurs *routinely* as we have seen in our patients, injury to children occurs randomly rather than as the end point of an escalating series of stresses.
5. Even (positive) playful activities are usually accompanied by excitatory stimulation such as tickling, forcing the child's hand on the target of interest and other physical intrusions on the child's sense of body integrity. While these actions are used to provoke some response from the child, they render him helpless and destroy initiative. This typical insensitive handling of the child also frequently results in bruises and minor injuries and perhaps more importantly gets translated to him as a disrespect for his own body.
6. The children we have seen typically do not learn to differentiate potentially harmful elements from nonharmful elements in their environment. We have so often seen self-inflicted injury and accident-prone behavior accompanied by an alarming lack of reactivity on their part.

Treatment Approach

Through the triadic model of treatment we attempt to effect a movement of the mother from her narcissistic, impulsive symbiotic level to a level where she can experience mastery in guiding her child as a separate human being.

We address ourselves specifically to the underlying pathology in the interaction between abusive mothers and their children (inadequacy re: control, fear of loss of self-esteem, competition with child for supplies, lack of resources to relate to child in growth-enhancing ways).

Our goal in treatment is to help the mother tune in to the child's separateness from herself and to simultaneously enhance her effectiveness in meeting her child's separateness by giving her a repertoire of responses other than random violence. For example, the simple technique of distraction is unknown to a mother who will yank her child's arm in an effort to make him relinquish a toy.

A mother, child and teacher meet for twenty minute sessions twice a week. In initial sessions cueing-in of the mother to the child as a person is primary. The emphasis is placed on getting the mother to look at her child and to accurately label what the child is signalling. We have observed that the mothers show very little change in posture during a play session; many of them maintain a hovering stance over their young children. This is often seen along with a lack of "eye contact" and a lack of responsiveness to the child's gestures for involvement. The meaning of this is unclear at this time but several hypotheses deserve further exploration.

We work with the mothers' use of space since this is a non-verbal language with which mothers have less difficulty. In addition, proper physical distancing will often enhance proper psychological distancing from the child and facilitates picking up cues. Clumsiness and retarded motor development have been noted in these children. These can derive as much from this peculiar "pseudo"-protective stance as from injuries incurred, or congenital abnormalities.

To augment this aspect of training, mothers will receive exposure to pre-taped video sequences of specific behaviors of children. It has been shown that community college students (teacher-aids) can be trained to accurately assess children's behavioral cues through training utilizing video taped se-

quences of a single aspect of behavior (Robison, 1971). These behaviors will be displays of open and discernible affect (smiling, frowning); motivated behavior (goal directed, affiliative); random or aimless behavior and task oriented behavior (investment, attention span, constructive). The specified behaviors will also be pointed out to the mothers relative to their own children, in a playback of their own video taped sessions. Objective visual exemplars help provide a reference point for the mothers but the behaviors are kept very simple. Suggestions for how best to react to each one are explored only in the interaction sessions between mother and child because these mothers can only learn in the presence of their own children.

The mother must learn to accept the child and control the child while not stifling his growth. This involves expanding the boundaries of the mother's sense of herself through the introduction of behavior that she never conceived of. Because of the complete lack of inner resources available to the mother, the teacher acts as a constant ally and guide to her in her activities with her child. Strengths of the mother are confirmed and positive aspects of the relationship are enjoyed. The teacher must show an interest, sympathy and respect for the mother in order for her message to be received. *At this initial stage it is extremely important to keep in mind that the mother is in competition with her child and we cannot assume that she derives joy from the child's accomplishments.* We are not unaware of her inexperience with ordinary play materials. However, since strengthening of her "executive" role vis a vis her child is primary, we discourage absorption in the materials to the exclusion of the child.

For conveying of didactic information, verbalization is used at its most elemental level for labeling and simple conversational exchanges. During one video playback session per week, we plan to focus on child's vocalizations. Since the mothers are not only inattentive to, but do not understand, their child's first attempts at vocal communication, the mother will be treated as a guide and interpreter of her child's vocalizations. This should strengthen her identity as a mother as she has special knowledge of the meaning of the child's utterances. It also provides the teacher with an opportunity to focus on the importance of language in the development of the child's competence. It should also provide the mother with greater confidence in using language effectively to "control" her child.

The actions of the child and mother have been codified utilizing a very modified Bales-interaction schema. We are currently focusing on the child's cues for aid, attention, affiliation and cues that a sophisticated interpreter would utilize as opportunities to encourage learning (ambiguous). Mothers' actions are coded for initiation, responding (constructive, destructive) verbal and physical behavior.

We have just begun to analyze changes in a series of video tapes. A comparison of the first 8 minutes of two sets of videotaped interaction sequences between a mother and her child (18 months—Time 1; 20 months—Time 2) indicated the following changes:

TAPE TIME 1: Out of the eight unambiguous cues which the child expressed, the mother responded to only one. The mother initiated no verbal interaction, no physical interaction (playing with an object) and all the interactional deficits alluded to earlier. TAPE TIME 2: There was a very marked improvement in the mother's entire repertoire vis a vis the child. The mother responded to 50 percent of the child's unambiguous cues,

she initiated verbal interaction nine times (all positive) and physical interaction four times. Although she still engaged in a great deal of physical manipulation of the child, she did not use forceful physical means to terminate an activity (as she twice did in Time 1). The exchanges between mother and child were more extended (although this can be seen as partly a function of the child's being more verbally competent; we have not seen this in mothers with older children who have not been treated). The technique is still being developed but initial results are encouraging. Clearly the small numbers, the lack of control groups, and the fact that the technique is not yet fully systematized does not allow for replication. The implications for further research from several frames of reference are apparent, including the unique advantage this deviant group offers 1) to training of psychiatrists; and 2) as a comparison group for normative interactional development.

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Individual Psychotherapy With Abused Pre-School Children

a paper presented by

Milton Engel

Introduction

During the past 15 years a great deal of work has been done in the area of child abuse (Fontana, 1971; Helfer & Kempe, 1968, 1972). However, in reviewing the literature, it is clear that the bulk of the work is directed toward raising society's awareness of abuse and mobilizing community resources to prevent abuse. This paper calls attention to both the need and the usefulness of psychotherapeutic work with abused young children.

The Family Center

The Family Center of the Area A Community Mental Health Center, Washington, D.C. began operation in the fall of 1975. It was begun as a pilot project to demonstrate the need for a therapeutic day care program for abused pre-schoolers. A major focus of the Center is to involve family members through the use of a therapeutic nursery experience. Children, ages 2½ to 6, come to the Center from 9 o'clock AM to 3 o'clock PM. Transportation to and from the Center is provided. Two half-time social workers see all the parents. The consulting child psychiatrist has 10 hours per week in which he meets with two full-time teachers, one assistant and several volunteers. In addition, he arranges and supervises the children's psychotherapy. At this time, 6 of our 10 children have an individual therapist. The therapist may be a general psychiatry resident, a Fellow in child psychiatry or a psychology intern.

The population at our Center differs from that generally described in the literature. Galdston (1974, 1975) reported that 80% of the families in his study were intact. Eighty percent of the families receiving services at our Center are *not* intact. Helfer and Kempe (1968) wrote that a group of parents who had abused their children would not be different from an ordinary group of people found around any downtown street corner. Seventy percent of the parents of the 21 children we have seen between September 1975 and January 1977 are borderline psychotic—very different from the average street corner crowd.

Of the 21 children we have seen, 16 are males (80%) and five are females. Thirteen of the children are black (65%), four are caucasian and four are Spanish-Americans. Upon admission to the Center, one child was under 3 years of age, nine children were between the ages of 3 and 4 (43%), and two children were over 5 years of age. The average length of enrollment at the Center is six and one-half months, with 25% staying two to four months and 25% staying seven to nine months.

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Literature On Psychotherapy With Abused Children

The only study that specifically addresses the issue of individual psychotherapy with abused children is one conducted by Peter In and John McDermott (1976). They reported the case of Erica, a severely abused 3¼ year-old girl. Erica showed increasingly bizarre behavior for three months prior to consultation. She had been digging her hand into her rectum, masturbating, and smearing feces and blood. She was stubborn, refused to urinate and could not get along with other children. Five months prior to seeing Dr. In she had been hospitalized with burns, severe bruises and seizures. Erica's 20 year-old mother herself had had difficulty since age 12. She had two other children ages 2 and 3. She neglected all three children and her own parents became their custodians. Sadly, they too abused the children.

During the first month in the hospital Erica was seen for 10 individual sessions. After discharge, she was seen for 10 more sessions. The goals of the psychotherapy were: 1) to explore and clarify the past; 2) to deal with and interpret present issues; and 3) to play-out more successful resolutions of these conflicts.

In and McDermott speak to the need for early psychotherapeutic intervention with these children though there are few, if any, guidelines. There is a complex interplay between: 1) separation, uncontrolled aggression and abuse; and 2) separation anxiety. Overwhelming separation anxiety leads to regressive behavior which itself calls forth more abusive behavior by the parents. Erica had had nightmares about her burns. She had heard sounds from a stove. During her sessions, she taped the stove shut to make it less dangerous and thus mastered the trauma of the abusing situation. The authors comment on the poignant and almost miraculous ability of the child to forgive the abusing parent via the psychotherapy experience, which in itself is a powerful factor releasing the child from the need to seek constant repetition of the abusing experience.

Issues In The Psychotherapy Of Abused Pre-School Children

Hostility

In our work with all of the children we are struck by the overwhelming amount of hostile feelings the children express. These feelings take the form of unneutralized, raw, negative aggressive, and destructive behavior and are associated with the release of hateful feelings. The therapists are often amazed at how angry and rejecting a young child can be—even when confronted by a warm, eager to please, and attentive person who certainly has no intention of hurting. The therapist needs a great deal of support from other staff and supervisory personnel in dealing with this hostility. He must be able to say to the child, "You are certainly feeling very, very angry with someone for not taking good care of you," and "It makes you so angry and mad that you want to break toys and rip off dolls' heads and (even) hit me, sometimes." Therapists often express surprise to their supervisor at both the intensity of the child's feelings and their persistence. Let us look at some cases.

Grace is a 4½ year-old girl whose mother was 16 when she became pregnant with her. The maternal grandmother was diagnosed as having schizophrenia. The mother was hospitalized with severe depression in 1963, 1969, and again after Grace was born. Grace grew up in chaotic conditions and entered our center during a fight for custody between the mother and father. At our center, Grace instilled feelings of

confusion in the staff. She had a "faraway look in her eyes" and seemed to wish to merge with you. During her therapy Grace often told the therapist what to do as a way of creating some order. If the therapist hesitated, she would get very angry.

During one play incident, a mother puppet found a baby puppet. The baby immediately turned on the mother and killed her. In another incident, two baby puppets met a man puppet. The baby puppets innocently cooed, "Don't shoot me," and then furiously pounced on the man puppet and killed him. Grace often shut the therapist in jail. In a supervisory meeting, the therapist, almost in tears, spoke of how rejected Grace made her feel and how often she left a session feeling expelled.

John is a 3 year-old boy whose mother is caucasian and whose father is black. The mother is a street-wise 21 year-old heroin addict. She was hospitalized at age 13, out of control, following her own mother's suicide. On several occasions, John's mother has neglected and abused him and he has been taken from her and kept in shelter homes.

During his therapy sessions, people often shot and killed other people. In one scene, a lady brutally beat a spaceman, kicking him in the head. He then turned on her in what became a free-for-all. This was followed by several incidents where alligators bit off parts of the puppets, and the spaceman, himself in a fight, bit his attacker. John then turned to the therapist and sheepishly asked to take the spaceman to the doctor to be "fixed." The mother puppet was often portrayed as an angry, aggressive, powerful person who hurt anyone in her way. John often needed to be held when he could no longer contain his aggression and after swearing and trying to bite, he would relax his body and sob sadly.

Out-of-Control Behavior

In addition to the release of overwhelming hostility, another common phenomenon we observe is out-of-control behavior. The ego is often overwhelmed by tremendous aggressive and sexual drives. When the ego can no longer provide any control, both the therapists and teachers need to step in and provide external controls with their own bodies. Often this event, in itself, seems to trigger the outpouring of an even greater expression of hostility and anger including regressive behavior such as biting, scratching, and spitting. This usually gives way to relaxation, however, and some sense of calmness. The following is an example of an attempt to master these impulses through identification with the therapist's better-functioning ego.

Bob is a small 3 year-old boy, the fourth of five children. He came to the Center in the spring of 1976 after being abandoned by his parents on a porch with no food for the fifth time. There had been a pattern of chronic physical and emotional abuse and neglect. Both parents were alcoholic. Bob was described as compliant to the point of being too good until we started seeing uncontrollable temper tantrums. In addition, Bob at his ripe old age of 3, was said to be tied for number 1 as the best cusser at the Center. In therapy sessions Bob repeatedly displayed great fears of the "monsters" who would "get him." He would refer to the monsters every time he heard a noise in the corridor outside the office. He would sometimes suddenly yell in an enraged voice, "Shut up," and "Get them away from here." During one session he played with a toy wasp pretending each part was a monster out to get him. He then turned to his therapist and said quietly, "You know, I don't want to be a monster anymore." This reduced the six-foot therapist to a teary-eyed blob of butter.

The provision of external controls to children is linked to the presence of great hostility. When the therapists and teachers provide these necessary controls, at a time when the ego is threatened with being overwhelmed, enormous rage is released. The rage, itself, can be very frightening.

The out-of-control behavior can be viewed as a reflection of the presence of a traumatic neurosis. The ego has been traumatized. It has been reduced to a state of helplessness by being subjected to aggressive and often sexual stimuli with which it cannot cope. In a poor effort to undo this state, it tries to recreate situations, turning them from passive to active so that at least in the reliving it will not be helpless. However, without adequate interpretation and support these efforts are not successful.

Often the children are caught in the hopeless repetition compulsion. We have a 6 year-old girl, Caren, whose 55 year-old great-grandmother abused her 35 year-old grandmother who abused her 19 year-old mother, who in turn abused Caren. Caren is described as a sullen, angry, impulsive, and unpredictable little girl who rocks herself to sleep. She is hungry for a one-to-one relationship but in play therapy often cannot decide whether or not she should hit and "shoot" her therapist. There is a history of sexual abuse and Caren repeatedly undresses dolls and simulates sexual play. When the therapist finally suggested that boys and girls were different in many ways, she snapped back in a very hostile manner, "Boys and girls are not different in any way!"

Discussion

Fraiberg (1975), writing about work with mothers, eloquently captures the first part of the essence of psychotherapeutic work with these children. The therapist opens up the pathway of feelings, he gives permission to feel and to remember feelings. In addition, with children, the therapist provides important limits and external controls for the ego, removing the simultaneous fear and wish to be overwhelmed again. In so doing, these feelings can be adequately dealt with as the ego, through interpretation and clarification, develops greater verbal skills to understand and contain the feelings. In addition, by developing new and age-appropriate ego skills, the child's self-esteem is enhanced.

Summary

This has been a brief report of the inclusion of individual psychotherapy in our overall therapeutic daycare program for abused pre-schoolers. While recognizing and supporting the overwhelming need for preventive efforts with parents, the author hopes that individual psychotherapy with the children will not be completely overlooked. This approach is often necessary for the child with a traumatic neurosis. In addition, it offers fresh insights to the entire team working with the family.

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A Therapeutic Approach Focusing On The Developmental Inconsistencies Of Abused Children

a paper presented by

Mary Robertson
Nelita Remotigue Ano

Psychotherapy with abused children presents certain difficulties which are not an inherent part of the psychotherapeutic process with other children in treatment. The developmental stages of abused children are always overshadowed by repeated physical and emotional traumas. An orderly progress from one developmental stage to the next stage is often not possible because the child's focus is on survival skills. He cannot afford the luxury of exploring the world and people. The parents, or other important people in his life, are to be loved and feared. They are to be run to and run away from. Life for abused children is always precarious.

While not always identified early, abused children are young. Several authors have identified 2 years and younger as the peak time for parents to abuse their children. Gil (1970) identified 24.4 percent in the 1 to 2 year range, increasing to 33.8 percent in the 2 to 3 year age range and 53.7 percent as under 6 years of age. Whether most abused children are under 2 years of age or under 6 years of age, they possess a common factor. They are not able to communicate their abuse to others, either because they do not have the vocabulary to report the abuse or because they are afraid to report it. They are prisoners caught in a love/hate relationship with one or both parents. Babies and small children record events in the form of inner images. At this age the images are locked within their heads. At an older age, when they recall events, they have words available to them. Older abused children usually have words available to them but they do not report abuse because their own identity is threatened or they are threatened by one or both parents. Both developmentally and environmentally abused children are high-risk children and they are children who are in need of a therapeutic approach that incorporates their needs.

This paper reports on the use of *shadow therapy* as a psychotherapeutic approach for abused children. The authors hypothesized 1) that abused children experience fractured developmental stages and that therefore the therapeutic approach with abused children should focus on individual image/word event disclosures rather than focusing on events within the context of more stable developmental stages; and 2) that abused children retain fragmented images of events and are in need of expanding their recall of images in order to

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resolve their conflicts.

At 7 years old, Jimmie, like many abused children, was designated by the court in sufficient jeopardy to be removed from his home. He was placed in an emergency child shelter. At the time of placement he did not relate to other children or adults. He crawled into dark closets. He endured heat and confinement to avoid contact. He ate with his fingers. He isolated himself by endlessly sifting sand through his hands. The other foster children, themselves in jeopardy, scapegoated him, thus isolating him further. After a brief stay in the emergency shelter, he was placed in a foster home and the social agency asked to have him evaluated. Jimmie was evaluated by a team of specialists from a residential treatment center for seriously emotionally disturbed children (speech pathologist, occupational therapist, psychologist, educational specialist and psychiatrist). Impressions of the team members varied from childhood schizophrenia to depression with psychotic-like behavior. Estimates of the cognitive functioning level of Jimmie were not made as it was noted that his anxiety was too high when doing tasks from the Stanford Binet L-M. However, he was thought to be cognitively of normal intellectual capacity, though not able to utilize his ability adequately because of his need to defend against the many traumas he had experienced.

At the time of admission, Jimmie was so anxiety driven he was unable to remain on any task for more than a few seconds. He avoided interactions by staring into space. Much of his language was an echolalic type of speech. He also stuttered. He hid his thoughts behind a language that made communication minimal. He related much of the time with both males and females by rubbing his fingers against the genital parts of their bodies. Jimmie showed bizarre behavior such as pushing his head into the toilet bowl and saying he wanted to smell it. As Jimmie's eyes darted from object to object or from person to person, his fears were visible in his darting eyes and in his restless body movements. Jimmie was admitted to the residential treatment center for severely emotionally disturbed children, at the same time retaining his developing relationship with the foster parents.

Shadow therapy was chosen as the psychotherapeutic approach because this two dimensional procedure focuses on child determined *environmental changes* from full light to candle light to darkness and it focuses on inner psychic experiences (objects, shadows and inner images).

The abused child is continuously reminded of the lack of autonomy over the environment. The abused child in shadow therapy has autonomy. The child controls the environmental changes by turning the lights off, by blowing out the candles or by turning the full light on. The child reports on his or her inner psychic experiences at a rate that is acceptable. The abused child gradually learns to attach words to the images that were stored before speech. (We are currently preparing a paper on the image memories of adults.)

In shadow therapy the abused child reveals, over time, a developing ability to comprehend and accept the dimensions of himself as he interacts with big/small and disappearing shadows. The abused child is able to draw increasing sections of stored images that were both too frightening to retrieve all at one time and too traumatic to repress satisfactorily.

At the beginning of the sessions Jimmie kept distance by staring into space, by kicking and hitting therapists and by trying to rub his finger against the genital part of the adults' bodies. Soon he was able to release some information—but

only gradually. Initially he drew himself sitting on his mother's lap. He drew no arms or legs on her. The next session he drew legs, but no arms. He then, by using an aphasic-like defense, spoke of his "Ma Ma's Army." At the next session he spoke of "Ma Ma's arm- army." He then looked at his own hand and drew a thick two-lined left arm on his drawing of his mother. The right arm consisted of two lines but it was drawn smaller. This was the first time Jimmie was able to draw an arm for any human figure that had more than a single line. This represented a global type of trust as it related to a fragmented image, the arm. At the same session, in the setting of darkness, he called out his mother's name and at the same time kicked one of the therapists. When it was suggested to him that because of his increased agitation and restless moving around in the therapy room that he might find the darkness "scarey" and might prefer a lighted room, he said, "No, no," and continued his restless wandering. Jimmie used both the environment of darkness and drawing as a way to gradually reveal fragments of events that in totality he still could not tolerate or apparently totally repress. He also put words to the memories which perhaps were stored before he had the speech to describe them.

Jimmie was to continue to be ambivalent about darkness for many sessions seeing it as an environment where he could regress to baby talk, and where he could transcend his usual level, calling out verbal fragments of traumatic events. Darkness was an environment where he became frightened, he slammed chairs around the room and became increasingly agitated. Darkness for Jimmie was also a refuge.

Jimmie reported on his *inner psychic experiences* by using body language, verbal speech and drawings. For example, he escaped from his shadow by twirling inside the curtain. Verbally he repeated such words as "lawn mower" and "plow" to guard against the broader recall of an event or events. His drawings of these objects were simple oblong shapes. The shapes were like small children's drawings, the same no matter how he identified them verbally.

Psychotherapy sessions were difficult experiences for Jimmie. Jimmie darted from the door to the one-way mirror to chairs. He talked frequently about the lawn mowers and he soon introduced the plow and the rake. He slowly released these fragmented image memories and blurred the image concepts by making them the same shape and size. As Jimmie developed some trust he was able to reveal parts of his distressed life. For example:

IMAGE

1. lawn mower



2. plow



3. rake



VERBAL

Jimmie: "Uncle Ruben, he's to ride the lawn mower. He's going to die."

Therapist: "What happened?" Jimmie flipped the pen in a repetitive type of movement, stared at the ceiling, out of contact.

The lawn mower image resembled the plow and the rake. Jimmie then demonstrated motorically how to push the lawn mower and fall off.

"I fell off. Uncle Ruben, he's going to fall off and die."

The therapist then drew stick figures demonstrating the rides and the falls, thus broadening the child's image (this

procedure was only necessary in the first two months of therapy).

In the same session Jimmie responded only briefly to his shadow, then he said, "Turn the light on." Two months later a much calmer Jimmie turned off the light and spent over twenty minutes of the session in darkness. He said, "Get up," moving around and then he went to a big chair. He curled up in a foetal-like position and made baby-like sounds, but used no words. He again said, "Get up," and continued the ritual, returning to baby-like behavior. After five minutes the therapist said, "You can turn on the light whenever you want to."

Jimmie said, "No, no."

Approximately five minutes later the getting up ritual was again repeated several times. He then walked over to the light and put his hand on the light switch but he did not turn it on.

At this session he also watched his shadow, jumped in the air to make his shadow bigger and asked the therapist to use the candle to make his shadow "touch the ceiling." Jimmie had moved a long way in making order out of chaos. He still couldn't blow out the candle light, and was not able to do that for four more sessions; even then he was only able to blow it out by averting his eyes. Several months later Jimmie was able to differentiate the reality of the therapist and her shadow. He was also able to work out his aggression through shadow boxing. Jimmie's fear of being consumed was also expressed in shadow form. Jimmie was beginning to recognize himself as separate from others and also as having positive qualities.

Drawings

The drawings of the lawn mower changed and these changes were reflected in Jimmie's behavior. The drawing of the lawn mower became bigger within six weeks and it was distinguished from the plow and rake. Four weeks later, Jimmie drew a picture of the lawn mower, turned off the light and held the drawing up by the table and looked at the picture as he masturbated.

Five weeks later Jimmie drew the lawn mower, crumbled it up and threw the drawing away. A few days later he was able to draw an expanded picture of the "lawn mower seat." He also reported that his mother rode on the lawn mower when Uncle Ruben was drunk.

There were other changes in Jimmie's drawing. The people were changing. Arms didn't come out of heads and people weren't box shaped. In order to focus on known problem areas, Jimmie was asked both to draw specific pictures and told to draw whatever picture he wanted to draw.

His drawing of his "mommie" in the bath consisted of a person with mouth, eyes, body and stick arms and legs.

He was asked then to draw a picture of "a man in the bath."

Jimmie said, "Draw daddy." He drew the bathtub and the father in phallic-like shapes, the penis was represented as a hook-like shape. The daddy had no arms or legs. This making of the father as powerless in respect to arms and legs was consistent over time, until Jimmie again apparently experienced fear of his power.

The ability of Jimmie to release information about an event or events through his drawings is consistent with the hypothesis that abused children in the therapeutic setting can gradually disclose information about inner psychic experiences through drawings and through motoric acting out of the experiences but these disclosures must be longitudinally presented segments rather than global disclosures.

Jimmie feels safer now. He can talk to others about wanting to cut off his arm and watch it bleed; undoubtedly, something which in fantasy he thought about as he sat trembling on the lawn mower seat and events happened that he coped with in only minimally effective ways. Jimmie may well have been abused at a very early age, as many abused children are. His early images may be the only fragment that remains from the experiences, except the feelings of fear.

These feelings of fear, which adults from more secure backgrounds have spoken of, reveal events at a time when they had insufficient vocabulary to verbally describe them. For example, one person reported that she remembers hiding from her mother at the age of 15 months. "I remember the pink strap of my pinafore and my excitement at hiding from her."

Another individual remembered at 14 months standing in a room where there was a stained glass window and seeing the colored lights spread across the floor. These are image-feeling recalls. Jimmie did not apparently have early experiences that he cherished but he had the fragmented image of a lawn mower and he remembered the sound of the lawn mower, and perhaps someday he'll speak of the image fully. He will speak of his feelings, if it doesn't hurt too much.

Abused children hurt. They need to look at their hurt, they need to report on their fragmented images, and then perhaps the hurt will lessen and the pink strap of a pinafore will be a happy memory to frame with words at a later date.

Discussion

Abused children are children in jeopardy. The initial threat to their survival is a physical one and it is readily identified by such evidence as broken bones, bruises and other types of bodily injury. The deeper, more lasting threats to the survival of abused children are memories of the abuse which are ground into their conscious, subconscious and unconscious psyches. The key to unearthing these multi-traumas is within the abused children's heads and these children alone have the capacity to reveal the secrets of their abuse. This paper reports on the struggles of an abused child to reveal some of the secrets of his abuse. The revelation of past experiences, which were so threatening to his sense of self, were developed within the context of his home where his unstable mother reportedly offered to Jimmie a world that was unpredictable and full of chaos.

Therapists working with such high-risk children as abused children need to explore not only therapeutic approaches that are healing and revealing but they need also to explore their own feelings about abuse. There has been little or no focus on how the therapist's feelings toward the adult who abused the child affects the therapy.

There is also a need to explore a wide range of therapeutic approaches to determine what approaches have long range benefit to children who both physically and psychologically have been damaged. As a means of preventing or diminishing abuse of children, focus has usually centered on future parents or on parents who are identified as abusing or potentially abusing parents. The victims of the parental abuse, the children, have too frequently been removed from their homes with little focus on the abuse as it relates to such factors in child development as trust, ego development, etc.

In the last 10 to 15 years focus on abused children has developed because the rights of children have been increasingly

recognized as important. However, we have explored only in a limited way the rights of abused children in terms of assisting them in their difficulties in moving from infancy to childhood and from childhood to adulthood. We need to further explore creative therapeutic approaches to the treatment of abused children which focus on these developmental stages.

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Approaches In Adolescent Abuse

a paper presented by

Grace-Ann L. Caruso

A few years ago in Prince George's County, Maryland, a Child Abuse Task Force was established which later became the county's Advisory Committee on Child Abuse. The Advisory Committee established several sub-committees, one of which is the Adolescent Abuse Sub-Committee. The direction set by the members of this sub-committee was to raise awareness concerning adolescent abuse. Their efforts soon changed the name of the general committee to the Advisory Committee on Child and Adolescent Abuse. I feel this conscious inclusion of adolescents to be a noteworthy change.

We have found that it is necessary to single out adolescent abuse. Advocacy for this group of victims needs to occur in order that adolescents may be insured the protection which they are entitled to by child abuse and neglect laws. Adolescent abuse can be very different from the abuse of younger children. It is not always the continuation of abuse from early childhood. We have found the sub-committee essential in exploring this phenomenon but to our knowledge ours is the only group of its kind in the nation. We are a multi-disciplinary group addressing the issues and continuing to advocate. We have helped adolescent abuse to become an issue for others; this is expressed through my presence here today.

Adolescents who are abused in the home are not always afforded the same protection as younger children. Younger children and infants are so much easier to feel sorry for and protective about. Younger children are the victims most often talked about. Most of the information and resources available focus on the young child even though the law pertains to individuals under the age of 18. In looking for literature six months ago, there were only seven sources available through the National Center on Child Abuse and Neglect's library which discussed this phenomenon. These were mostly chapters in books relating to delinquency.

It is necessary to make an issue of adolescent abuse. Many agree (when reflecting on their own community's child protective services) that the abused adolescent, having different needs, is not given as much attention as the abused child. What are the reasons for this?

Adolescents are often perceived as big enough to care for themselves. It is felt that when things get tough they can always run away, or at least they can get out of the way. This line of thinking however, assumes that the product of an unhealthy family is going to have an awfully healthy response to a crisis. It seems to place a large piece of responsibility on the youth and does not insure much protection for the youth.

Adolescents have sturdy bodies compared to younger children. When hit with the same force they usually do not bruise as seriously as a child, but this does not negate the existence of beatings.

Adolescents are said to "deserve it." It seems all too common for people to feel that some adolescents "need a little

knocking around to keep them in line." This can sometimes get quit out of hand, as in one case where a youth was found stealing and the police officer recommended that the father take him home and give him a good beating to teach him a lesson. Dad followed the advice and beat the boy—so badly that he needed medical attention. In any event, the law does not qualify child abuse on the basis of whether or not it was earned.

Adolescents can talk. Unfortunately this talent can work against them. If they are so hostile over being abused that they can only yell and scream to a worker or judge, they can be taken for obnoxious and "deserving." Usually they are quite overwhelmed with feelings and cannot give an objective analysis of their family situation. If they are too scared or scarred to talk, but are expected to explain because of their age, they may be obstructing their own protection.

Adolescents socialize with other youths and someone seeing a bruise on an adolescent may assume that it came from a scuffle with friends rather than suspecting parental abuse.

Adolescents who are abused may come to the attention of the authorities for truancy, breaking and entering, shoplifting, attempting suicide, or running away; they may be assessed and labeled "acting-out disorder of adolescents" which is quite common and quite vague; they may be "throw aways" and refused entry back into their homes. Most are not referred for protection services because the presenting problem is not abuse or neglect. Many times the family dynamics are not examined closely enough to determine the presence of abuse and the youth may not complain of abuse. In such a case the adolescent becomes legally involved or medically involved and the abuse remains undiscovered and unattended to.

Resources for abused adolescents are scarce. A protective services agency may hesitate to accept an adolescent case knowing that their system cannot absorb it.

During the summer of 1976, Doctors C. Andrew Rigg, Gordon A. Tripp, and Annette Ficker of the staff at Children's Hospital noticed an increase in adolescents at their center as victims of abuse. Because it was unusual to be seeing so many adolescents and because little information was available to them on the topic, they conducted a record search to see if they could find some useful information. The following is taken from their report (1976):

Thirty-four adolescents with a proven diagnosis of physical abuse were seen between January 1975 and September 1976:

Sex and Race

The sexes were equally represented. Most were black, which is representative of the population served by the hospital.

Age

Most were early adolescents: the median age was 13.1 years.

Sibship

A disproportionate number of adolescents were oldest children.

The Abuser

In most cases the abuser was the mother. However, in 23 cases the biological father was absent from the home: in only 5 cases was he present.

Mother's Age

The mothers at the time of the patients' birth were not particularly young (contrary to some reports in the child

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abuse literature), although the size of the "no data" group makes it difficult to draw definite conclusions.

In addition to the demographic data, an attempt was made to evaluate other factors which were involved at the time of abuse:

Alcohol was involved in a large number of cases. This rate of involvement was significantly higher than that usually seen in the population attending the hospital. The stated reason for the abuse in the vast majority of these cases was "discipline" . . . mostly for what would generally be seen as minor infractions.

The instrument with which the abuse was inflicted, in most cases, was a stick, broom, electrical cord, or belt: in effect, what was at hand.

The trauma resulting from this abuse consisted of welts, abrasions, bruises and scratches on the arms, back, legs and face, in that order. Only two patients were so severely beaten that fractures resulted, one malibular and one humeral. Thus the somatic consequences of physical abuse in this age group were, on the whole, less severe than is found in younger children.

Other data that would be useful, but was, unfortunately, unavailable included whether the mother, herself, had been abused as a child, whether the patient had been previously abused, or whether any siblings had also been abused.

Disposition demonstrated a significantly higher placement rate for adolescents than for younger children.

In closing the authors called for a raised level of awareness and a raised index of suspicion concerning adolescents in hopes of producing the appropriate intervention.

An incident study done during the same period by Prince George's County Hotline found similar characteristics (Rogers & Cabot, 1976). They too found equal distribution between the sexes, reports of less severe physical trauma (though inflicting more serious emotional trauma), and precipitating incidents to be relatively minor. However, they found a median age of 15 to 16. They reported finding a punitive social attitude toward many of these youths and also agreed that a higher level of community awareness is necessary if these youths are to be helped.

This raised level of awareness is suggested since adolescent abuse seemingly so often goes unacknowledged and/or ignored. Alternative youth services such as runaway houses, hotlines, youth service bureaus, and drop-in centers have increased in number in the last five years due to the lack of traditional services available to adolescents, many of whom are abused and neglected and acting-out in various ways. As they are developed for adolescents, these alternative youth services have, in some communities, provided the only effective resource for adolescent protection and family intervention. Staffs of alternative programs appear to be much more tolerant and accepting of adolescents and their problems; they seem to respect and support adolescents "at the point they are coming from;" they are usually young themselves and are easy to identify with. Alternative social services are usually small, independent, and casual and this seems to be more attractive and less threatening to many adolescents. Through these programs adolescents can receive ongoing individual, group, and family attention.

These alternative services have contributed greatly: first,

because of being able to attract youths; and second, because of being able to absorb the many families which might otherwise go unattended. Ideally, child protective services are expected to absorb all of these cases. Realistically, there are usually too few staff to make this happen and some staff may prefer not to deal with adolescents.

For some time adolescent cases in Prince George's County were filtered through the juvenile court system with the youths being charged as out of control or in need or supervision. In many cases, this meant institutionalization in detention centers and the like. Presently in Prince George's County, several alternative agencies are working closely with Protective Services on adolescent cases. Protective Services will attend to the investigating and case coordination and the youth agency will provide ongoing care especially for the adolescent. This did not come easily but, through cooperative efforts, the procedures are continuing to be ironed out and both legal and psychological factors in these cases are now being handled.

Problems still exist in Prince George's County in finding foster and shelter placements for adolescents. Though the main emphasis is in keeping the family together, outside placement is sometimes necessary. Runaway facilities can provide temporary shelter for a week or two but longer placement can present difficulties. Many foster families prefer taking in younger children, seemingly because adolescents are believed to bring with them risks and more complicated situations. With adolescents, not only is the family left behind, but also the peer system. In any event, efforts are being made to develop a position for an adolescent foster home-finder for our county who would attend to recruitment as well as supporting services for foster families.

In cases of incest the Sexual Assault Center at Prince George's General Hospital offers on-going group therapy for victims of incest including adolescent victims. The goals are for victims to work through their feelings concerning the assault and to feel more confidence and control in saying no when approached in the future. Plans are being made to expand this service to eventually include groups for offenders as well as family therapy sessions. This program would duplicate the Giarretto model (1976) which is operating successfully in California and which calls for total family involvement in the resolution process.

In improving our services to adolescents it has continuously been found that workers want to increase their skills in working with adolescents and their families. After completing their incidence study on adolescent abuse, Prince George's County Hotline secured a second grant from the National Institute of Mental Health Center for Family and Child Study to develop training on adolescent abuse. This training was to be for alternative service workers. In assessing their needs specifically, it was found that not only were family skills desired but workers also desired an increase in skills for dealing with parents who abuse and neglect their adolescent sons and daughters.

The training format finally evolved and is entitled *Adolescent Abuse: A Symptom of a Family in Crisis*, and is subtitled: *The Interrelationship Between Adolescence and Mid-Adolescence* (Lenz, Geldof, Cabot & Caruso, 1977). The area of concentration is on family dynamics. The selected approach is to explore the life cycle and the stages of development of adolescents and parents, in addition to abusive and neglecting dynamics. Trainee value and attitude clarification is addressed as it relates to the helping relationship.

In the first training module the family, as a system, is

discussed. Trainees draw their own families and use this as a visual aid in applying various information on family structure, family dynamics and family crisis. Value and attitude origin are discussed and trainees can increase their awareness of themselves as products of unique family systems; they can increase their abilities in assessing a client family system; and they can increase their awareness as to how these two features interact and can effect a counseling/therapeutic situation.

Next, developmental stages are explored: specifically, adolescence and middlescence. For most, adolescent developmental tasks are refreshed and adult developmental tasks are discovered. The similar task areas of both age groups dealing with identity, body image, age awareness, sexuality, views on death, health, etc. are compared, contrasted and explored in terms of how they may conflict with and complement each other. These factors are viewed in the context of family structure and are related to abusive crises and the subsequent crisis intervention by a counselor.

Incest is then viewed as an example of a family system dysfunction. In addition to presenting information on the legal system and resources, psychodrama situations are acted out to provide an opportunity for further understanding of the roles of various family members and for the incorporation of new skills and knowledge as workers.

Throughout the training, values and attitudes are addressed for adolescent, parent, and worker roles. In working with adolescents it is important to acknowledge that workers are themselves experiencing developmental stages and come to a client carrying their own values and attitudes. An increased awareness of these factors can increase effectiveness in a therapeutic situation. For example, results after the training showed an increased ability for trainees to relate with and assist parents in a family situation. The trainees, being strong youth advocates and relatively young themselves, previously had found it more difficult to work with adults and more comfortable to understand and relate with adolescents. Perhaps similar results could be reached with another trainee group composed of those who find it more difficult to relate with and assist adolescents. In any event, it would help increase understanding of the abusive parent.

It is my estimate that adolescents may comprise between 30 and 50 percent of all abuse victims. It is known that abuse and neglect increase adjustment problems, obstruct growth and many times precede delinquency. It is known that abuse and neglect are cyclical in nature. Shouldn't we then raise our awareness, evaluate our own feelings about adolescents and take a place in working together in learning more about this important area of concern?

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The Abuse Of Adolescents: Clinical Implications

summary of a paper presented by

Ira S. Lourie

The physical and sexual abuse of adolescents is rapidly becoming recognized as a major mental health and public health problem. Only two years ago many professionals felt this phenomenon did not exist. We now have documentation that approximately 25 percent of all abuse cases reported to protective service units across the country concern children from the ages of 12 to 18. We are also recognizing a population of unreported cases which manifest in runaway houses, juvenile justice systems and mental health settings.

A closer look at this problem (Lourie, 1976) defines abuse as the result of dynamics which follow from developmental problems of both the teenager and his parents. Developmental struggles around the tasks of separation and control are particularly important in the etiology of abuse. As a youth begins to separate from his family the forces that bind him there are in conflict with those which relate to his striving for individual identity formation. This process is often provocative and volatile. With youth who are struggling at the same time over their capacity to control themselves, the process can be frankly explosive. When these normal developmental struggles (or their exaggerations) are met by parents who are bound too closely to their children or who are having developmental problems related to their stage of life, family crises are generated. Physical abuse of the adolescent is one of the many ways that these crises can become manifest.

The nature of these crises often takes on a circular pattern in which the parent and child each claims to be the victim of the other's transgressions. These patterns are manifest in several ways which are demonstrated by case histories. Most of these cases feature the parents helplessly trying to control their adolescent who is, in turn, helplessly trying to master the task of separation, thereby escaping from parental control. The parents' actions are seen as oppressive by the youth and the youth is seen by the parents as ungrateful, degenerate or malicious.

Successful intervention requires that parent and/or child be extricated from this vicious circle so that the underlying developmental disturbances can be allowed expression. Strategies for this type of case management differ markedly from that traditionally used with child abuse.

Typically the treatment of child abuse is concerned first with the protection of a vulnerable child and secondly with improving the mental health of his parents. With adolescents, protection needs are minimal and the focus must be on the mental health of the youth and the role of his family. Case material is used to demonstrate how to facilitate this proper treatment focus. Prominent among these is the introduction of a youth counselor into the protection service process.

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The Understanding And Use Of Relationships In The Training Of Family Workers (Lay Therapists)

a paper presented by

Odile R. Childress
Vivian M. Bennett

In January 1975 St. Christopher's Hospital for Children in Philadelphia received notification from the office of Child Development (H.E.W.) of the approval of a grant for the development of a Demonstration Center for Child Abuse and Neglect. During this start-up phase members of various disciplines within the hospital met frequently to establish the basic goals. Among the tasks performed by sub-committees of the planning group were: 1) the development of a job description for lay therapists (later known as family workers); 2) the formulation of a selection process and criteria for lay therapists; and 3) the development of a training curriculum for these same workers.

In the opening sentences of the Statement of Purpose of the Curriculum for the Lay Therapist, the basic concept behind the training of family workers was given. It reads as follows: "within the prescribed function and consistent with the objectives of the Child Abuse and Neglect Demonstration Center, the lay therapist is a vital part of the team working with the family of the battered/abused children." The recognition of the essentiality of the family worker/lay therapist to the program has been incorporated into all aspects of the program. The value of the worker and the implementation of that value have been emphasized throughout the system, not only in the selection and training of workers, but in the overall administration and decision-making processes of the center.

This paper will deal with the implementation of the concept of worker value in terms of the relationship and interaction of team members in the center. In other words, we believe that each member of the team is important. Many times this is stated as the philosophy of a work group but the individual members have such small input into the way the group functions that they are unable to realize their importance to the team effort.

Family workers (this name was chosen by the workers themselves to replace the older term—lay therapists) began their input into this system with their own hiring-in process. They voted on the persons with whom they would like to work. They continued to provide input during a one month basic training period during which the original curriculum was utilized as a base and an adapted curriculum was formulated

week by week. Family workers presented lectures during this basic training as well as participating in role playing.

Since the beginning of services in the center on August 4, 1975, and with the opening of the center to the public, the family workers' input has continued to be vital to the program. Their interaction with other staff members has occurred at all levels of the organization. Family workers prepare and participate in weekly dispositional conferences and in bi-monthly Executive Committee Meetings. Whenever a position is open, whether professional or para-professional, family workers are not only a part of the selection process but accept the responsibility for the screening of candidates for the position. This has included screening for the position of Assistant Program Director and Project Assistant for Casework Services as well as other family workers and secretaries.

Thus, when we speak of the use of relationship in the training of family workers, we mean the family workers' interaction with the staff composed of pediatricians, social workers, psychiatrists, etc. We therefore identified mutual respect as the quality which we wished to maintain and consistently promote in the staff. How we could further this respect in a more concrete way became a major focus.

One of the primary factors in developing mutual respect among workers, irrespective of educational status, is to value individual assets and give recognition to them. It is from this frame of reference that family workers were trained and given responsibilities from the very onset of the program.

Child abuse literature vividly supports the concept that as a result of the complexity of child abuse, the most effective mode of treatment revolves around team decision making and the use of multi-disciplinary input.

As a hospital-based program the type of service rendered to clients is quite diverse. Thus, it becomes extremely important that collaboration and consultation be made initially and throughout the duration of the services given. Inherent in the program is the view that all persons participating in direct and indirect service delivery have the right to voice opinions and make recommendations for the development of a better program. This process began when workers helped define their role in the program and decided that they be called "family resource workers."

Family workers are para-professionals. Frequently para-professionals are seen as limited. We believe that it is incorrect to assume that all para-professionals can be grouped into a single category and that their limitations and assets are the same; to so group para-professionals would be to operate on a faulty assumption. That is why there must be an assessment of the individual worker's strengths and weaknesses in relation to the particular job he/she is asked to do. The following questions have been posed to us:

1. Do you feel that a family resources worker can fulfill the needs of a client in the same way a professional can?
2. Are you certain the workers are not assuming that they can handle more than they can? (Are family resources workers aware of their limitations?)

The answer to the first question is quite simple. The para-professional roles which emerged during the 1960's made it extremely clear that in certain areas professionals were not supplying the direct service needed. Job descriptions for para-professionals were not photocopies of masters-level social workers, psychologists, or radiologists. Job descriptions were unique with well-defined duties particular to the new profes-

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sion. For this reason the Family Resources Center developed its own unique job description of a family resources worker. It is our belief that the family resource worker should not attempt to give the same type of service but should develop his/her own body of knowledge relevant to the function. Thus, relationships and roles will certainly be different.

The answer to the second question as to whether the family resource worker recognizes his limitations revolves around one's ability to trust. By this we mean the component of trust must be operating on both levels. First, the supervisor must know that he/she has provided sufficient basic material with which the worker can make a decision and trust the worker to make that decision. Second, the worker must trust that the supervisor will tolerate a mistake in a trusting relationship. Secure individuals are not threatened by asking for assistance, for assistance is viewed as a method of learning.

The inter-disciplinary team further enhances this process as the supervisors and participating team members also identify areas of frustration and their own need for assistance. It is important that the team be utilized for the two-fold purpose of: 1) decision making for the client's well being; and 2) support for the worker's well-being. As a result of this team support, in 90 percent of the cases where crises occur, workers do appropriately request consultation.

The professional, as well as the para-professional, must be secure within himself/herself. Being secure within oneself is one of the most productive elements in professional development. Acceptance of individual qualities of others thus can follow and prevents attempts by professionals to be "one up" on family workers. For example, it has been noted when the discussions around a particular issue has reached a point of conflict, some professionals have tended to use jargon that is only understood by those in that particular discipline. It is also not uncommon that the professional will make references to his/her degree and particular area of study. Workers have seen this behavior as an indication of the professionals' insecurity.

The workers' belief that the assets they bring are equally important is shown by their active participation. In fact, they have become more and more inquisitive, as requests for additional training have doubled over the past year. These training requests are not always directly related to child abuse but may be in a particular area of interest for their own personal growth.

It is unrealistic to expect those in the helping profession to assist clients in building self-esteem, trust, and socialization skills without being knowledgeable about their own inner feelings. The area of child abuse demands that one reassess and evaluate his feelings to avoid the perpetuation of destructive unconscious messages to parents. This has been a major factor in the on-going training of family workers. For example, in team discussion we frequently see the worker's need to evaluate his/her own role in the midst of an immediate crisis. During the discussion the case is presented; this involves the worker's assessment of the families movement, the supervisor's initial diagnosis, their contacts, and an explanation of the level of the worker's attempts to motivate the families.

It is not uncommon to learn that to some extent the crisis identified by workers as being the client's crisis is often their own. Although the crisis with the client is more easily identified, it is necessary to allow time and provide input for the workers to identify the crisis as his own. Through the use of time and the use of the multi-disciplinary team, the workers can then identify the source of their frustration and with

identification they can begin to move. It is therefore shown that one of the benefits of the team process is the sharing of experience with the other team members. Thus, learning can be derived from the total interaction of the group, allowing greater freedom for workers and supervisors to choose treatment modalities.

Now that we understand more clearly the value base for the interaction of the family worker with the group, let us look at the formal learning experiences provided for the workers. The initial training phase consisted of five weeks of intensive preparation. The areas of instruction were parallel with the suggested material from the original curriculum. The major areas of study were the following:

1. Introduction to the hospital, the center and the program.
2. Exploration of the knowledge, experiences, attitudes of the family workers regarding child abuse.
3. The role of the physician, social worker, the legal establishment.
4. Circumstances precipitating incidents of child abuse.
5. The child and his development.
6. Practical experiences and evaluation.

Each week was planned the week before with each day divided into a review of the previous day's material, presentation of new material, opportunity for input and exchange of information and inter-group discussion to promote team spirit.

Schedules were revised at the suggestion of the workers and workers contributed formal presentations that were utilized. These included audio-visual materials, lectures, written evaluations, reading and discussions, presentation of actual case material and role playing. The syllabus is available from the authors at St. Christopher's Hospital, 2600 Lawrence Street, Philadelphia, Pennsylvania, 19133.

Maintaining Protective Service Groups

remarks of

Virginia Ball

Good morning. I would like to tell you a little bit about Pro-Child so that you will know the work situation that I am coming from. Pro-Child was a federally funded three year protective service project which operated within the Arlington County Department of Human Resources. The goals of the project were to educate the community about child abuse and neglect, to provide services to child abusing families, and then to research our work. During those three years we identified and treated families that were involved in child abuse. My main interest was in running groups with families.

I was asked to speak on how to keep protective groups going. I want to talk with you about how you start a group, how to get them going, and what to do with them to make them successful. There is nothing worse than working hard, putting in a lot of energy and time and ending up with a flop. My first group was a big flop.

First of all, protective service groups are very scary. People are afraid of them until they find out that they are like every other group. The group process is the same as that of any other group, too. If you have some basic group knowledge, you learn that everything said to you is not personal. They will say to you, "You're ugly," "You're lazy," or "I hate you," or that "You remind me of my father and he was no good." If you can remember these things, and think of your theory instead of seeing them as personal attacks, you will be able to work pretty well in a group.

I have five basic things that a Co-leader on a Protective Service Unit must do to be sure that people get into a group, do well in a group and terminate well in a group. First of all, I am persistent and that means that you get your group members at Intake. It is very difficult to get your group members to come into group when you have been seeing them at home and giving them all kinds of hard services in an effort to seduce their cooperation. Attempt to get them at Intake and let them know that the Intake person and the Unit believe they will get the best services in a group situation. The client then knows you are starting a group and he is assured that he has something to offer to that group. If the client then replies, "I'm not interested," your response is, "I will come and pick you up." The next reply may be that the children are sick. Your reply is that a public health nurse or babysitter will come and sit with them. You provide every service you can, but get them into a group. I almost always pick them up for at least the first two meetings.

I have not found publicity about the groups to be very effective. Word of mouth from other members has appeared to be the best way of gaining confidence in the client population.

Another thing that I say to the client is "How would you like to change your life, how about giving nine hours this month to changing something in your life." The clients usually reply with, "I don't have that much time, I work alot, I spend

long hours at work." My reply to that is, "Gee, I know you're hurting, I can see that you're hurting, things are not going well and in another month you still will be hurting. How about trying something that might be able to bring around change." The client will buy that. They are hoping for change. Another point that I stress is companionship. The mother may be sitting there with youngsters running around, she may not be able to get out into the community. I stress that there are many other mothers that are going through the same thing. So in effect, you are offering the client companionship and understanding.

You must also offer the client the hard services. Provide the babysitter, the transportation, play groups for the children, clothing swap, lectures from resource people and your attention.

If the client agrees to attend the group, I send them a card or call them the day before the group and the day of the group. If they should miss group, as soon as group is over, I am on the phone saying that "We missed you and the group doesn't function as effectively if you are not there."

The group will start out as a non-motivated group, it will take a lot of time to get the group going. You must have your agency administration behind you as well as the rest of the staff. Be sure that the secretaries know when the group is being held, so that they can assure the client on the phone as to the day and time. Make arrangements for the group to be held in the same room each time and see to it that the group's traffic to and from the room will not interfere with agency personnel. Check to see if a group will raise the noise level or sound level to the point that it will annoy secretaries or other staff in adjoining rooms. A hysterical or crying member can totally disrupt the workings of the agency and in turn lose you the support of the administration.

It is very frustrating to start a group and ask members why they are there. Even after several weeks they may say that they do not know why they are there. The most important part of your group will be to clearly define the purpose of the group and be sure that the members are in agreement with the purpose and know what it is. I have found that after several group meetings this is again necessary. The members will again say "What is the purpose of the group?" This is not a personal attack on your adequacy as a group leader, but a request for clarifying and sometimes redefining what the purpose is.

I always have a co-leader and I talk with my co-leader in the group. I have used three co-leaders as a means of training group leaders, but it tends to be overwhelming to the group, unless it is a large group. Discussion with group leaders should be very open, so as to allow the group members to know what the leaders are thinking and feeling. This provides a role model of expected behavior for group members, provides a sense of trust and keeps down group secrets. I also explain group process and praise members as to their level of development and behavior in the group. I find that the group members enjoy this, especially after several meetings when the group is starting to mature.

I always use the family as a model for our groups. The co-leaders are parents, group members are kids and through this family we are going to grow up, attain our goals, and terminate successfully. We terminate as children going off to college. This is to be a learning group. I suggest that group members accept this model but they are free to ignore it. Usually most group members do accept it, especially after they observe

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their own behavior and their own families mirrored in the group. In talking to my co-leader, I have said that I will be out of town next week at the time of the group meeting, "I will miss you and I will miss the group." The co-leader then would respond, "I will have an opportunity to function as a single parent." Upon my return, the group members discuss single leadership, feelings of abandonment, loss, and the joy of having a reunited family. Each member has a goal for themselves in the group. The co-leaders discuss this goal when they see progress being made.

I give immediate feedback to members and therefore have a wrap-up session of about 3 to 5 minutes at the end of each meeting. Again, members learn to do this by role-modeling my assessment of what happened in the group. I am pretty active in my group, I give immediate feedback, I don't think we have the time in child abuse to wait for insight. We have got to give as much help as soon as possible, so I intend to be an aggressive co-leader.

Another thing that I do is to be sure that we provide adequate supportive services. With a federal grant, we were able to do that but even without a federal grant or extra monies, I believe that you can supply these services. These services will be critical to your group: babysitter, child care, alcoholic counseling, housing and rehabilitation services. These are only a small part of the many services you can and should make available to the group. The beauty of all of this is that within the group, group members soon learn to share these resources and positive feelings about them. Without these extra services, you will find that there are enough emergencies, illnesses and personal problems that attendance will be bad at the group. I let these other agencies or services know that my members are in the group, so that they can also encourage their attendance.

An example of this kind of situation would be an ongoing group that has had two weeks off over the Christmas Vacation. The group members come back and they have noticeably regressed. Members that have not cried or been extremely anxious for several weeks are crying and upset. Other members are saying that they are hitting and shoving their children around again. Group members are discouraged and depressed and frightened with their regression. During this period, the resources that have been involved with the family can again be temporarily used to strengthen the family. The case aide, the volunteer, the public health nurse, the school visiting teacher and whoever is interested and actively involved with this family can make some home visits or phone calls and let this family know they are making progress and that we are there to support them. With this kind of support, by the next session, your group is back and ready to work on their goals—and at the highest level that they had achieved. As a co-leader, you cannot carry the burden for safety of the children and permanent change in the family by yourself. The family and your resources also have responsibility. We have had some extremely dangerous situations where children have had to be hospitalized. Within two weeks, with the proper supportive services, the children are able to go back into their own homes and the parents can function in a group.

When I first started running groups, I had absolutely no supportive services. The only reason I started running groups was because of my heavy caseload. I put all the hard cases together and I saw them together. My supportive services at that point were my children. When I picked up each couple that attended group, I would leave a daughter as a babysitter

at their home. We did not have a group room so group was held in my supervisor's office. The nice thing about this process was that it worked. I believe that any agency now has the resources to get babysitters and provide transportation. If not, then be flexible and practical in getting your members to the group.

I consider termination the most important part of any group. This process helps group members to learn how to let go of people they care about. This can be such a great learning experience to the families that we work with. I find that most of the families irrespective of social or financial differences have very poor termination habits. When the child displeases the parents, he is locked out of the house, sent to relatives, foster care, and in many cases totally disowned. Termination in the group is then used as a model for a proper method of separation from family members.

When termination of the group is near, I then look for proper alternatives for group members. Most of the group members still have many needs. They must not be left without resources. If the client wants referrals, this is a time when they can be made. I usually tell the group members not to go into another therapy session if the main reason they are doing so is to replace their present group. Instead we look for outside social activity, such as a good Sunday school class, PTA involvement, crafts classes or whatever the client can become involved in. Most of the people in my groups have been there for two years, they almost have to be pushed out in order to leave. We have had the good fortune of having a case aide that teaches a weekly crafts class. Some of our mothers have instantly transferred into this class. Sometimes it takes two years to get our families ready to accept mental health services. They may be so non-verbal and so non-motivated that it is only after the two years in group that they are really able to accept intensive mental health therapy.

The side effect of the warmth and emotional support that group members feel continues for years throughout the lives of the families. A group that I started six years ago and ran for over a year, now is essentially alive in that its members still call each other and still keep in touch with me. If you think of the reasons for child abuse; the isolation, the non-socialization, the feelings of being left out and alone; then you immediately can see the long term results that will come from a protective service group. Your time, the tremendous efforts and all of the resources become necessary and worthwhile. In effect, we set up a long term lifeline for the Protective Service family.

We have found with such groups that we do not have re-abuse. If there is abuse the parents tell about it in group, talk about it and are able to find alternative ways of behavior. One of the practical side effects of the group is that members almost always become employed. I have never had anybody evicted and put on the street. Other group members have always been able to come up with information and housing.

Let me go quickly through what I have said. First of all, be persistent; 2) know what the purpose of your group is and be sure that the group understands it; 3) have adequate supportive services; 4) during regression, send out an emotional support system; and 5) work through termination and find alternate socialization experiences.

Parents Anonymous Forum

remarks of

Betty
Valerie
Vanette Graham

Introduction

Parents Anonymous is a national self-help group with over 500 chapters across the country. The District of Columbia had the first chapter started by blacks. The concept of the group is that people experiencing problems in the area of parenting can help each other through shared methods of handling such difficulties. The groups have a comforting aspect in that an individual learns that he is not alone in his frustrations or as a member expressed it, "I had thought that I was a terrible person—some kind of freak—until I found PA." "It helps to know that you are not alone and that someone else has problems as great or greater than yours."

Participation in Parents Anonymous is voluntary. There are no eligibility requirements and continued involvement is based on individual preference and the group's sanction. Meetings are conducted informally in an atmosphere of freedom of expression without fear of judgment or condemnation. All of the proceedings are held in strictest confidence.

The two mothers who helped to start the District chapter are abusers who have been through both the criminal and civil court process. A condition of their probation was that they attend a therapy group once weekly. They soon recognized that there were many parents who needed help, not necessarily of a professional nature, to cope with family problems but that many either did not know of available resources or did not know how to ask for assistance. They questioned why there was not something available in the community for parents in the way of preventive services so that others could avoid the trauma and humiliation, the shame and the guilt which was theirs to endure. Hence, the idea of a District Parents Anonymous group was conceived and nurtured into growth because of their commitment and dedication to the concept of helping others.

Parents Anonymous would not appeal to some people and would not be a resource to others. However for some, it could be the most logical and expedient means of helping oneself while helping others. For many, it provides a mirror image and consequently, self-awareness. Improved thoughts of self-worth and dignity as an individual are usual fringe benefits. Becoming a better person often helps one to become a better parent and a better mate. If only one person truly benefits from this type of group experience, then our efforts have not been in vain.

Vanette Graham, M.S.W., A.C.S.W.

Betty is a black female who was born in Washington, D.C. She is 36 years-old and a high school graduate (GED program). Valerie is separated from her husband and the head of a household of three children. She handles the 24 hour hotline for Parents Anonymous. She was raised in a foster home and has a deep appreciation for family unity.

Vanette R. Graham, M.S.W., A.C.S.W. is a Senior Social Worker with the Child Protection Center of the Children's Hospital National Medical Center. She is the co-sponsor of the District of Columbia Chapter of Parents Anonymous.

Forum

MS. GRAHAM: I want to say just a few things before I turn the meeting over to our guests. First, we are going to talk about Parent's Anonymous which is a self-help group where parents help parents. There are over 500 chapters of Parents Anonymous in the nation and our chapter, which began last summer, is the first one started by blacks in the entire United States. This says something about the statistics you read that child abuse knows no racial barriers, or economic barriers, or educational barriers.

Our group is slightly different from the original group in concept. We don't cater to just the abusive and neglecting parents. We also try to include the high-risk parent because our emphasis is on prevention. We would like to see cases before they become the cases that go to the agencies.

I will answer any questions in terms of the technicalities at a later point. But now, I do want you to hear the ladies. I always go first because they are such a tough act to follow. At this time, I'd like to introduce Valerie. [The names and other identifying material have been changed to protect the anonymity of the speakers.]

VALERIE: I'm Valerie and I'm a child abuse parent. I'm not very proud of that. I have four kids, two girls and two boys. Only one of my kids was abused in the home, at any time, this was Ray. Ray was abused June 4, 1973.

First of all, I'd like to give you a little idea of what happened. Ray was an unwanted child. I guess the next thing you'll ask is, "Why not an abortion?" Having had an illegal abortion before and as a result having almost died, I was crazy-scared. So, I had no choice but to have my baby. Before I went into the hospital, I had decided to leave Ray in the hospital and put him up for adoption. But after having Ray, he was brought to me—well, I didn't want to do that. I wanted to bring him home. So, I did. I felt at the time that I could deal with the baby.

Things went along fine until my husband returned. He had walked out on me before Ray was born. After he returned, that's when the problem came up. We were constantly arguing about Ray at all times. We fought and we'd fight over Ray. Ray was a whole new center of attraction. I dealt with that and dealt with that. Then I started having feelings towards Ray, feelings that I could not understand as a mother. I felt that I needed to talk with someone but I had no one to talk to. I don't have a family; I had even been cut off from my friends. And so, I just let it go on and on and I was not able to tell anyone how I felt about my baby. I just continued to let it go on.

Getting back to when I abused my son, let's say at the age of 5, on June the 4th, 1973. It was an all-nerve morning for me. I got up, prepared my kids to go to school and they went off to school. Lisa, my baby, wasn't quite a year old. I had her laying on the bed. I was in the kitchen preparing her bottle and as I was coming out of the kitchen, going into the bedroom, I saw Ray throw a hairbrush at the baby. The hairbrush was left there from when I had combed my little boy's hair to go to school.

Lisa started screaming and hollering. I went into the room and asked Ray, "Why did you throw the brush at Lisa?" He didn't answer me. Again, I said, "Why did you throw the brush at Lisa?" And he just said, "I don't know." I couldn't stop Lisa from crying and screaming. The only thing I remember was picking up the brush and constantly hitting him. I

don't know how many times I did what I did. After that, I told him to go to his bedroom and keep in his bedroom. He played by himself. When the kids came home, everything was normal. But I had not really forgotten about it. I didn't feel very good about myself—abusing my child like this.

The next morning I got up and after the kids had gone off to school, I fixed Ray his cereal. I asked him to come out of his room and into the dining room. When Ray came out, all I could do was scream. He had a black eye and his head was swollen with knots. I called school and asked them to send my daughter home, and she came home. Then we caught a cab and went to D.C. General Hospital. I was arrested there, at the hospital, and charged with simple assault.

I was convicted on July 15, 1973. I was sentenced August 6, 1973 to two years probation. Part of that probation was that I attend some type of therapy group.

When the judge said he wanted me to attend a therapy group, I did not know what therapy group meant. All I could visualize was that there was someone there that would help me, perhaps wave a wand and all my problems would be solved. They could help me. So, I entered a therapy group. I never missed a day for one year because I wanted my son back.

After the year was up, I returned to court to ask for my son back. However, they would not allow him to return to my home. And so, I had another year to finish my therapy. But I felt that I had gotten everything out of the therapy group that they could offer me and I started to rebel against therapy. I just went because I felt that I was forced to go.

Some time after leaving the therapy group I had gone into a deep depression for about six weeks. I didn't understand why it was happening to me. There was a social worker by the name of Mrs. R. at the therapy group. My social worker called her and told her she was concerned about me. Mrs. R. came over and talked with me for about a couple of hours. After talking with her I felt great. You know, she's the kind of person that makes you feel like somebody cares about you. You're not alone, you don't have to sit there, you know somebody cares.

At that time she mentioned Parents Anonymous. She felt that I had something to give Parents Anonymous and I felt the same thing. So, as a result, Parents Anonymous was started. I can say that I look forward to attending Parents Anonymous every Thursday because it is my only outlet. I go and get out all my frustrations so I won't break down with my kids whether they be good or bad.

I would like to say also that the other three of my kids were never physically abused. However, I discovered that my oldest daughter was emotionally abused. I never even heard of that. I always thought that a child had to be abused physically. And, as a result, my oldest daughter (who is 17 years-old)—there is no communication between us. But the other two, the real smaller ones—I am proud to say that I can sit down and talk with my son when he comes home from school. Regardless of what I'm doing, if he wants to talk, then I sit and talk. We have great communication. My sons and I enjoy it.

That's not to say that they still don't drive me up the wall. But I can learn to control my temper. I find that you don't have to use abusive language with your kids to make them understand that you're serious. And I know I get better results. I seen my son one time take a whole gallon of milk and drop it on a chair. That particular day I was so proud of myself. My son was so quiet I didn't know what he was doing. I

went into the kitchen and he was trying to get the milk up. I said, "Larry go into your bedroom." And he didn't say nothing. I just got the mop and the bucket and got up all the milk. I wasn't angry, wasn't mad. I wanted to see if I could control myself. I tried to identify myself with him. When I was a baby, I can say that I dropped things. Nobody's perfect. After I did that, I called him back into the kitchen for him to get some cereal.

Now, that was one day when I was certainly proud of myself. And there's lots of days when I'm proud of myself because I have learned to deal.

BETTY: I'd like to say that I too am an abusive parent. I have three children. The child I abused was the only son in the family and he's the youngest. Jack too was an unwanted child and I too faced the question of abortion—legal or illegal. But with my family background, I come from a large family, a Catholic family, with 12 living children—there is no way that I could accept abortion legal or otherwise. I was not abused as a child but I was not tenderly held as a child. With 12 children in the family there is no way two parents can spread love far enough for each child to be totally satisfied, emotionally satisfied. The abuse of Jack was an ongoing abuse. When I first found out I was expecting Jack and I related the news to the expectant father, his words to me were, "Well, if it's true, this is the last you'll ever hear of me." And he didn't make a liar out of himself.

When Jack was born he was premature; he only weighed 2 lbs. 14 oz. So, the love that is built up between mother and child in the hospital and when you first hold that baby and you first feed that baby—I didn't have that. I didn't have the opportunity because he was in an incubator and he stayed there for months after I was released. So, I had no closeness to him at all when he came home. It was like this stranger coming into the home because I didn't know him. And I guess every time I was frustrated, every time I got disgusted with my surroundings—he took the abuse. I abused him to get rid of my frustrations.

The abuse was discovered when Jack went to school one day and his teacher—Oh, by the way, I wanted to tell you my son is totally blind. Well, he went to school one day, he was working on some of his braille apparatus and he was normally pretty good in his dexterity. This particular day he was having a problem. The teacher asked him what was going on and he told the teacher that his hand was sore. She looked at it and it was swollen and, so of course, she took him to the school nurse and to the principal and to the Youth Division. By the time I got home from work that day, I found out that my son had been taken from the home, he was placed in D.C. General Hospital. When he was examined they found traces of bruises, old bruises, on his back, his legs and his arms.

So eventually, I had a criminal charge against me and a civil charge against me: child neglect and child abuse. I was court-ordered to therapy, the same as what happened to Val and the same group as Valerie. I was also given two years of probation which was to expire in November 1975 because this happened June 13, 1973. This is the first time that I've heard from Valerie when it happened and it really shook me that we actually—that it actually happened to us so close. I never knew what the date was before. Before I met Valerie in the [therapy] group, I had been visiting my son in the hospital. And my son and her son were roommates. She didn't know that until I arrived in the group and I was talking about it one day and we discovered that. Jack was taken out of the home June 13,

1973. My son has been returned to me now. He returned home March 20, 1976. He was gone out of the home for three years just about. I was terminated in therapy in March 1976 when he was returned to me. But I continued to go until June of 1976 because I felt at that time that there were going to be problems arising with his and my trying to get oriented back to his being in the home again. So I continued to go and I decided to terminate definitely in June of 1976.

During therapy I had suggested to M. R., "Why is it that we have no facilities out here that will help parents when they first get to the incubation stage of child abuse? Why is it that it always has to reach the crisis stage before you find out where your outlets are? Why isn't there something available out there?" I had never heard of Parents Anonymous.

So of course, when I terminated therapy, Mrs. R. made me eat my words. She approached me and told me that she had the idea of starting a chapter and she felt that Valerie and I both had a lot to contribute [based on] our contribution in the [therapy] group. She had observed us the whole time we were in the group and she felt that we were the ladies to do it. So, we met at Valerie's house one evening. She in turn got us in touch with Mrs. Graham who jumped at the chance. We started the group. We met first on July 17, 1976, that was our first meeting, and we've been going on ever since.

I was listening to [an earlier speaker who talked about attendance at Parents Anonymous meetings]. There have been people making one appearance. It gets kind of frustrating sometimes when you are there every Thursday, practically every Thursday that you can make it. The people come in and they really want help. You know they really want help. It's voluntary, so if they're there, they really want the help. But they make one appearance and you never see them again. You begin to feel, what are you doing wrong? What is it? You must be lacking something, they're not coming back. We stress that it's not part of the system. There is no police action involved. You don't have to look over your shoulder when you think about what you said in the group. It is a parents' self-help group. And we've been there.

So, we felt that we had something to offer. If we can stop one parent from going through that whole system that we went through or if we can sit down and tell them, "Hey, I know what you've got waiting for you" and stop them before they really get to the crisis stage—that's what we're all about.

MS. GRAHAM: We can sit around and talk here for hours and then have it suddenly brought back to us what we're supposed to be about. Ladies, feel like answering any questions? Are there any questions for the ladies?

QUESTION: About how many new members are in Parents Anonymous?

VALERIE: We have a quorum of five and a transient group of maybe 15 or 20.

QUESTION: Do you meet in a local neighborhood place or in your apartment?

BETTY: We try to meet in a place that is local, central to transportation. Normally, if you get there we'll see that you get home; I drive, Mrs. Graham drives. We try to provide as much transportation as we can. One time we had a babysitting crew but when the babysitters came the children weren't there. My two girls were the babysitting crew. We still have that outlet if necessary.

MS. GRAHAM: One of the problems has been a meeting area. We have been meeting in the inner city, it's a very busy kind of intersection but it's also a high crime area. Many of the

ladies have not wanted to come to that particular place. We happen to like it because we're used to it. Finding a meeting place has been one of the problems. We have considered other meeting places but I think that those of us that have been in it from the beginning happen to like it. It's very convenient to transportation resources and it's nice. We ran to the entrance the first few meetings because they weren't used to us in the neighborhood, but now nobody bothers us.

QUESTION: Is it only ladies or are there some men?

MS. GRAHAM: It's all ladies right now. We had one husband who used to bring his wife but he would never come in. He'd go and play with the kids at the center where we meet regularly.

QUESTION: Is that true of most Parents Anonymous groups—that they're mostly women?

MS. GRAHAM: Yes, even though we know that there are many men who could also use our services.

QUESTION: How do you publicize? How do people find out about this?

MS. GRAHAM: We've had T.V. spot announcements and we've had publicity through articles in the newspapers. We also run a hot-line. Valerie is our hot-line person. She has a number and she's constantly getting calls at two or three o'clock in the morning or whatever. I've felt that Valerie sometimes is a "disadvantage" to us because when the ladies call, by the time they finish talking to Valerie, they don't feel they need to come in. So she does an awful lot on the telephone and we never actually see some of the parents in person. She has one lady with whom she is in contact for hours everyday. This lady originally started coming to the meetings but she said, "I can call Valerie; I don't need to come to the meetings."

QUESTION: Those who don't come back; do you make efforts to go out and get them or do you go to their homes?

MS. GRAHAM: We don't go to the homes but we have made follow-up efforts.

VALERIE: We make an effort, we call. Just like I said, they come to one session and that's it. But I find also that parents with kids that are taken out of the home—Well, one question that's always asked is, "I don't understand what's going on in the court."

You go there and nobody explains what's happening, what's going on. There's no communication as far as the attorney is concerned. You walk in and the attorney says, "What's going to happen is this." He goes into a little bit of detail and he says, "Fine, you go in the court in five minutes." So, you don't really get a chance to talk with him. You don't know whether you should talk in court or if you're allowed to talk or speak up or what. Nobody tells you anything. I find that a lot of times it helps [to explain to the parents what is going to happen in court]. They're afraid of the judge, they're afraid of their attorneys—so, they accept what's happening to them in court. That's what I did too. But since being in Parents Anonymous and talking to Mrs. Graham and Mrs. R., I found out that I did have the right to speak up and ask, to say I don't understand. But I guess my greatest fear was if I said anything I would automatically be sent to jail. So I thought, "Well, you should be grateful that you're not going to jail and be quiet."

QUESTION: I take it from what you've said that you've had very positive experiences with Mrs. R. but I'd like for you to speak to some of the experiences you had with the court social worker, other Department of Human Resources workers and also how you felt being compelled to go to this group. Did

you find it very helpful—initially, when you were told to go to therapy?

VALERIE: You mean the first time I was court-ordered to go?

QUESTION: Yes.

VALERIE: The first time, as I said before, I did not understand what therapy group meant. I thought it was someplace where I could go and the people there, they knew—they could tell me what was wrong with me. At the same time, no one said, "You have to go there and help yourself." I thought those people there was going to help me. And, like I said, after the first year I went into the second year—No, I felt that I had gotten everything out of the group that I could. By me going there all I was doing was just sit. I would not participate. The social workers would ask me, "Why are you feeling like this." And they would say, "Well, are you depressed?" No, I wasn't depressed. I was just *mad* because I had to be there. And even though I was telling her how I was feeling—that I'm mad because I have to come here and I'm not getting anything much out of this therapy group—only thing I could do was just sit. I thought that I had put an awful lot into therapy group. But when I was told that my son could not come home—I'd felt that I was doing so great for the whole year. I had put forth all my effort and everything.

QUESTION: What kind of suggestion do you have for changing the whole process, or do you have any?

VALERIE: I haven't really come up with one. But I tend to think the court should give the parents a chance to say whether or not they would like to enter a therapy group, instead of just saying, "Well, you *have* to go to the therapy group because if you don't go to therapy group then you're going to jail. You're on probation and this is something that you have to do." This is just like you're being punished; you're like a child. You either go there or you go to jail. So you have no choice but to go to the therapy group if you don't want to go to jail.

Then you start feeling angry about the child at the same time, "Well, if it wasn't for him I wouldn't be here. You make me come here and I still can't get him back. So, what am I doing here?" Yes indeed. You find a lot of parents like that. You find a lot of them that will tell the social worker or somebody, "I don't care if I don't never get him back," because they're frustrated. Because they're forced to do something rather than them doing it on their own. They're forced to do this, that's the whole thing. That's where your anger comes in. If these parents have other kids in the home, they're going to take their anger out on the other kids also. Maybe not physically, but emotionally with the screaming and the hollering. Then you're right back where you started from.

When my probation was up, then I discovered that I missed the therapy group. I wanted to go back. But this I found because it was on my own that I wanted to do this, not being forced by someone else.

MS. GRAHAM: Let me say one thing in that regard. We have no eligibility requirements for participation in the group. But the one person I will not take is a court-ordered person because it destroys the whole concept of the group. I have no intention of reporting back to the court when Mrs. Smith attends the meetings and whether or not she participates. So that's the only person I won't accept in the group at all.

Our time is up. Thank you very much.

Behavioral And Supportive Approaches To The Treatment of Child Abuse: An Integrative Formulation

summary of a paper presented by

Neil I. Bernstein

It is a widely accepted fact that the behavior of children is sometimes frustrating to their parents. Unfortunately, the parents' ability to cope with the perceived stress varies greatly from family to family. While a number of environmental and psychological factors contribute to the nature of the disciplinary measures employed, it is often difficult to ascertain where excessive punishment ends and child abuse begins. The present paper is based on the author's experience directing and working in an inner city out-patient clinic devoted to the remediation of behavior problems in children. Over a four year period, it has been possible to deal directly with parents who relied heavily on punishment as a primary means of discipline. While punishment in and of itself may be effective in modifying behavior, the optimal conditions for its use are complex and difficult to arrange. For this reason, it is not uncommon to find parents resorting to increasingly punitive measures in unsuccessful attempts to help their children "behave better."

When initially seen, parents often present themselves as defensive and resistant to an explorative approach. They have experienced considerable guilt over their difficulties with child rearing, and sometimes project and displace their own anger onto the child. The therapist's first task is to accept the parents' difficulties with discipline in as non-judgmental a fashion as possible. Their interest in and need for rapid relief should be acknowledged and supported. Efforts should be made to discuss the problems in non-technical language and to explain the basis for treatment simply. It is critical to avoid attacking punitive approaches when suggesting that there might be more effective alternative methods. Generally, the parents have received insufficient reinforcement and gratification from their children and are willing to explore ways to develop more positive interactions.

The behavioral counseling process begins with an assessment of the home situation. If punishment is relied upon heavily, questions are asked about the specific behaviors which most concern the parents. Attempts are made to gain an estimate of the frequency of these behaviors so that it will be possible to observe changes objectively when they occur. The parents are asked to keep a simple but specific record of their child's behavior and are given much encouragement and support. It is not uncommon for them to report positive changes in behavior during the record-keeping period. This suggests that attention can function as a positive reinforcer and the parents are helped to see that they are important agents of behavior change.

Time is always devoted to an exploration of possible rewards for the child. It is stressed that the interest is not in bribing the child, rather the goal is to utilize positive experi-

ences in his environment more effectively. The importance of consistency, praise, and immediate feedback are continually discussed throughout the sessions. The parents are encouraged to share their unsuccessful experiences so that they can participate in designing programs which will be more likely to result in the desired changes. Efforts are made to help them to see that an event which is rewarding for the child can serve as a positive consequence for appropriate behavior. Naturally, when meaningful and effective rewards are sought, they must be mutually agreed upon by child and parent.

After the assessment phase is completed, a program is established to modify the behavior of concern. This generally involves the development of contingencies between desired behavior and their consequences. The importance of gradually increasing expectations is stressed and efforts are made to insure successful experiences for the child. As the parents attempt new modes of behavior, they are given continued support and feedback on their efforts. Often, both parent and child find that they can interact more appropriately in a short period of time. As new skills for developing contracts and behavior programs are acquired, the parents begin to see that their use of punishment was a reaction to their own frustration, rather than a necessary means of discipline. They are continually monitored while they are carrying out a program; however, efforts are made to help them separate from the clinic and see that they can be effective parents.

In summary, a behavioral approach to the problems of child abuse offers several specific advantages. The structured nature of the procedures often relieves anxiety and the accompanying feelings of helplessness. It is possible to experience relatively rapid relief from long standing difficulties and parents are often able to view their children in a more positive light. The approach offers specific alternatives to maladaptive patterns of child rearing and can free parents from their reliance on a punitive approach. Finally, both parents and children can experience a sense of accomplishment and come to see that they are free to love and care for one another when the constraints of punitive controls are removed.

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Parenting: The Language Of The Positive

a paper presented by

Elliott B. Jaffa

Much has been written on the principles of child rearing and how to be a better parent. One of the important aspects of a child's development is the area of language. Receptive language development concerns itself with what the child receives. For example, father requests Paul to bring him the red car. Paul receives his father's verbal message and hands his father the red car. Expressive language development concerns itself with what the child expresses. For example, Aunt Mary hasn't seen her niece, Susie, since she was a toddler. Aunt Mary asks, "How old are you?" Little Susie who has accurately received her aunt's question replies, "Seven years old."

Paul would have evidenced a possible difficulty with his receptive language development skills had he handed his father a box of crayons. On the other hand if 7 year-old Susie had help up seven fingers, expressive language development might have been weak. These simple examples are demonstrative in nature. The occurrence of an isolated incident should not be taken to indicate language development difficulties.

Oftentimes the language of the parent is overlooked in the full-time job of parenting. Parents need to learn how to receive and to express. Parenting requires that an adult learn a new language. A humorous example is to imagine what would happen if parents addressed their adult friends in the same manner as they talk to their own children. Visualize the following scene: You are expecting company for dinner at eight o'clock. At nine o'clock the doorbell rings. You open the door. Remember you are going to address your dinner guests as you would your own children. "Where have you been? Look at that clock! You're an hour late! Do you think I'm running an all night diner? How can I get it into your heads to be on time? Now get upstairs and wash your hands!"

The new language that the parent must learn is called the language of the positive. The language of the positive, like any new language, is very difficult to learn and speak at first. Over time, with practice, one becomes more fluent. In order to speak the language of the positive one must avoid the use of the words "no," "not," and "n't." To illustrate how difficult it is to speak the language of the positive at first, try answering the following question positively, yet honestly, without the use of the word "no," "not," or any contraction with "n't." Is your hand bleeding?

Correct responses include, "My hand is fine." "My hand is in good health." "My hand is perfectly all right." "There's an absence of blood." This example is highly related to the issue of parenting. Parents tend to be quick to say what their child is *not* doing rather than what they want their child to do. For example, picture 5 year-old Billy writing on the wall with his crayons. How does the parent respond to Billy using this new language of the positive? The answer is for the parent to focus on what he or she wants Billy to do. The parent might

respond by saying, "You need to put down that crayon." As soon as Billy puts the crayon down, the parent verbally reinforces or praises Billy for doing so. "Very good, you put down your crayon." Note how the parent praised Billy and also stated the behavior being praised. "Now you need to clean off the wall. You need to go into the kitchen and get the cleanser and a wet sponge." As soon as Billy heads in the direction of the kitchen, the parent continues the language of the positive. "I'm glad to see you following that direction." When Billy returns with the cleanser and sponge, the parent praises him again. Even though Billy's writing on the wall was inappropriate, the parent kept the focus on the positive and appropriate behaviors that Billy needed to do, rather than those past inappropriate behaviors that might have warranted negative responses from the parent. To help the parent focus on the positive behaviors the words, "you need" are helpful and keep the focus off the child's inappropriate behavior and on the appropriate behaviors which the parent desires.

One tool for helping parents to learn how to speak in the language of the positive and to get into the habit of verbally praising appropriate behaviors is for parents to ask basic questions of their children. David comes into the house and throws his coat on a chair. The parent asks, "David, what do you need to do with your coat?" Note that "you need" keeps the focus on the positive rather than on what he actually did with his coat. David replies, "Hang it up." The parent reinforces David's reply, "Very good, show me." David hangs up his coat and the parent says, "Thank you for hanging up your coat," or "It pleases me to see you hanging up your coat." The asking of questions gives parents a greater opportunity to praise their child's appropriate verbal and nonverbal behaviors. It also helps to prevent nagging responses by the parent such as, "How many times do I have to tell you to hang up your coat? You never hang up your coat. Why can't you remember to hang up your coat?" The child who gets attention by nagging is often one who is ignored when not annoying his parents.

In speaking the language of the positive, it is important to state the consequences of the behavior. We so very often take the consequences of behavior for granted. A behavioral event may be thought of in terms of A-B-C: Antecedent-Behavior-Consequence. For example, walking into a dark room is the antecedent for the behavior of pushing the light switch. The consequence of pushing the light switch is the illumination of the room. Parents frequently confuse the stating of consequences with bribery. Bribery is composed of the two words "if" and "then." For example, the parent who says, "If you take a bath, then you can watch television" may not be aware that this bribe may extend to a whole evening of television viewing including the late night movie. Avoiding the use of "if, then" eliminates the bribe. A more appropriate contingency would be "After you take your bath, you may watch television until nine-thirty." The consequence for the behavior of bathing is watching television until nine-thirty. Another trap parents occasionally fall into is that of wheeling and dealing. "If you're a good boy, then I'll bring you a toy." The meaning of "good boy" remains undefined for the child. The child may have an expensive toy in mind when the parent was thinking of a small trinket. The use of words such as "earn" and "privilege" help parents to specify more concisely the behavior desired and its consequences. For example, "Take your bath so you can earn the privilege of watching an hour of television," or "Stay close to me while we're in the supermarket so you can earn an ice cream cone when we're finished

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marketing." If the child perceives the consequences as a reinforcer, the behavior will be more likely to occur.

It is important to consider what is a potential reinforcer. *Imagine we are in my third floor office and I ask if you would jump out of the window for one dollar. You would laugh at me and call my request absurd. Suppose now I offered you one million dollars for jumping out of the window. You might at least go over to the window and look down in order to see how high up you are and what is below the window. If a million dollars were a strong enough reinforcer to you, you might seriously consider the jump despite the possibility of some broken bones. If you were independently wealthy, the million dollars would not be a potential reinforcer to you. Parents are extremely reinforcing to their children and whether or not they realize it, have a large cache of potential reinforcers up their sleeve. Just as the classroom teacher permits a child who has finished his work to wash the chalkboard or carry a note to the office, the parent has similar natural reinforcers at his disposal.*

Father asks his three children, "Who wants to go to the drugstore with me?" No one responds, and the children continue watching television. There is a higher probability of getting a different response if father uses the key words "earn" and "privilege." "Who wants to earn the privilege of going to the drugstore with me?" The word "earn" implies that the child will have to do something in order to obtain some kind of "privilege" or special activity. It would be just as easy for father to go to the drugstore alone, but consider the positive interactions and time spent together if the children went along on something as routine as the trip to the drugstore.

When using the language of the positive, parents must avoid "guilting" the child. A subtle dose of guilt is similar to the use of punishment—it is effective but aversive and should be used judiciously. The underlying purpose in "guilting" the child is to make the child feel guilty in order that the child will do what the parent wants him to do (and what the child doesn't want to do). Some examples of "guilting" the child are, "You don't love me;" "I wish I had a mother to yell at;" "You have time for your friends, but you never have time for your own father;" "If I asked your sister, I'd bet she'd set the table for me." Parents "guilt" their child when the child one-ups the parent and the parent cannot accept the fact that the child has gained control of the situation. The result is that the parent resorts to some kind of verbal attack to achieve the one-up position. When a parent "guilts" the child he is dealing with unobservable behavior. In using the language of the positive the parent needs to focus on observable behavior. For example, Scott begins to hoard his toys while playing with Larry. Upon observing this interaction the parent responds, "Scott, you're so selfish. When are you going to learn to share?" It would be more appropriate for the parent to have said, "I know that you boys are going to share your toys" as soon as they began to play with each other. As play continues the parent needs to periodically reinforce or praise observable sharing behavior. "Scott, I like the way you're letting Larry play with your truck. It pleases me to see you two playing together and letting Larry use your toys."

Even when the child engages in some type of inappropriate behavior, the language of the positive can be applied. In virtually every situation there is something positive or optimistic. The parent needs to sift out the positive and optimistic element and convey it to the child. For example, the state-

ment, "I like the way you discussed my decision with me even though you disagreed with it," takes the emphasis off the parent-child disagreement and focuses on the child's ability to discuss. The statement, "I know that next time you're left alone in the house you'll be more concerned with the responsibilities involved in using the stove," takes the emphasis off the child's misuse of the stove and focuses on the parent's optimism about the next time the child uses the stove when he is alone.

Incorporated into the language of the positive is the child's need for verbal feedback. It is important for the child to know what's happening and how he's doing. Children, like adults, have a daily agenda, except they keep their calendar in their head rather than in an appointment book. The child's agenda is highly structured and he is very tuned-in to any variation in that agenda. When the child's routine is disrupted without any advance notice, the child generally challenges and questions the parent. For example, the child is accustomed to coming home from school every day to watch his favorite television program. Today, mother meets him coming up the walk and says, "Billy, hop in the car. I've got some errands to run and I want you to come along with me." The child responds, "Do I have to? Why do I have to go?" The parent needs to give the child some kind of verbal feedback with the goal of opening up a positive communication system. Although mother was unable to inform the child of the sudden change in the agenda, it becomes necessary for mother to state to the child that she has some errands to run and that she was unable to inform the child earlier. Using the language of the positive the parent avoids dictating to the child but asks questions and verbally reinforces each response. "What do you think I'd like you to do while I run the errands? How do you think you can help me on my errands? Think of a privilege you might like to earn for accompanying me on my errands."

The language of the positive is an important aspect of parenting. It requires that the parent think about what he wants to say and arrange his thoughts so that they come out positively. If parents can say four positives for every one negative, they are doing a good job. One of the easiest ways to learn the language of the positive is for a parent to collect data about his verbal behavior. An index card is divided into two columns: plus and minus. Each time the parent praises his child's behavior or gives him a "very good," he should record a tally in the plus column. Should the parent give the child a criticism or use the negative "no," "not," or "n't," he should record a tally in the minus column. The initial goal is for the parent to give the child more very goods than negatives. A parent should initially be able to praise his child at least 10 times a day and gradually increase it from then on. If a parent praises his child's behavior 10 times on Monday, he can increase it to 15 times on Tuesday. Fifteen praises on Tuesday can be increased to 20 praises on Wednesday. Even 112 praises on Thursday can be further increased to 120 very goods on Friday.

Parents report difficulty praising their child and reaching their goal. With practice, parents can develop their proficiency very quickly. For example, at the dinner table 20 very goods can be given in a matter of minutes. "I like the way you put your napkin on your lap. You're really eating slowly. It pleases me to see you pass the salt to your mother. You're doing a very good job of cutting your food yourself. I like the small bites that you're putting in your mouth." Remember one can

read hundreds of books on improving one's tennis game. In order to become a better tennis player one needs to practice daily. The same holds true in learning to become a better parent and in learning how to apply the language of the positive: praising your child's behavior more frequently will make you a better parent.

Court Reform

Workshop Overview

The court reform workshop heard three presentations. The first was delivered by Charles Bahn, the Associate Dean of Faculty at John Jay College of Criminal Justice; and Michael Daly, also of the John Jay College of Criminal Justice. Dean Bahn and Mr. Daly addressed the topic of criminal justice reform in the handling of child sex abuse cases. Their basic position was that the treatment of sex abuse cases must be tailored to more adequately meet the needs of the child involved. They pointed out that the excessive emphasis on the rights of the accused is often at the expense of the victim. Frequently, the most traumatizing factor in sex abuse cases is the child's participation in the court process, rather than the abuse itself. It was suggested that more attention be focused on the individuals from the system who come in contact with the child victim of sex abuse. Consideration ought to be given to the use of youth investigators who are specially trained in child sex abuse cases. It was also suggested that a special children's courtroom be used for hearing cases of sexual abuse against children. The persons present in the courtroom would be the judge, the defendant's attorney, the child, the prosecuting attorney, a social worker and perhaps a psychologist or psychiatrist. The accused and the jury could listen to the proceedings from behind a one-way mirror.

Discussion of this paper concentrated upon the applicability of the ideas presented to the non-criminal determination of sexual abuse. Participants also discussed 1) the process by which children are adjudicated either abused or neglected, and 2) the decision to deliver services to the family or remove the child from the family.

The second presentation was made by Leon Rosenberg, Associate Professor of Pediatrics and Medical Psychology at the Johns Hopkins University School of Medicine. Dr. Rosenberg discussed the role of the health professional in the legal determination of abuse and neglect. Dr. Rosenberg pointed out that due process requirements, and the procedures established pursuant to these requirements, place the health professional in a position which conflicts with his role in serving the family. He noted that it is possible to work with 80 percent of the families involved in abuse cases. However, the necessity of supporting a plan of court intervention for removal or treatment requires the health professional to make such rigid statements that the possibility of actually helping the parents is destroyed. He suggested therefore, that an *informal hearing* be held by an officer of the court. Attending the informal hearing would be the attorney for the parent (though not the parent), the professionals whose opinion is being sought, and the prosecutor. Each participant would have an opportunity to present his position and the officer of the court would then make his recommendation. If the parents were willing to accept this recommendation, the confrontation of a full-scale hearing could be avoided. If the parents were not willing to accept this recommendation, then a regular hearing would be held. It was Dr. Rosenberg's hope, however, that an informal hearing would obviate the necessity of an adversary hearing.

Discussion of the presentation indicated a basic problem with the suggestion of an informal hearing; as the parents would be absent from the hearing, they would not be able to comment upon the accuracy of the presentations made by the professionals and the prosecutor. Thus, the input of the parents' attorney would be severely limited.

The third presentation was made by Ms. Jean Bower,

Director of the Volunteer Attorneys' Office in the Washington D.C. Superior Court. (Ms. Bower was unable to prepare a written manuscript for publication in these proceedings.)

In her remarks at the conference, Ms. Bower addressed the question of the role of counsel for the child involved in abuse and neglect cases. She also spoke briefly on the role of counsel representing the parents. Ms. Bower emphasized that representation by right, particularly in our increasingly complex court system, is absolutely crucial. She stated that it is imperative that representation be strong and assertive. She noted that in the District of Columbia the involvement of the attorney representing the child is most important after the adjudication of neglect. The Corporation Counsel advocates strongly in the adjudicatory stage, however once the decision is made that a child has been neglected or abused, the attorney for the child must become the advocate for the child. He must determine what programs would best meet the needs of the child, insure that the child gets the needed services, and that his case is kept current and reviewed at adequate intervals.

The general discussion session focused on several basic problems. The first problem discussed, raised by the first two papers, was the clash of roles experienced by the health professional and/or social worker because of his conflicting obligations to the child and to the parent. The adversary system intensifies this conflict and increases the trauma of the child and parents. The need for due process procedural requirements also contributes to this conflict. While the discussion did not resolve this problem, there was a consensus that the present system may exacerbate these complex conflicts and that further exploration of methods for lessening the conflicts were necessary.

It was the firm belief of the group that a basic principle in neglect and abuse proceedings must be the provision of an attorney for the child who serves as a guardian *ad litem*. The individual representing the child must be familiar with the procedural aspects of the legal proceedings and able to represent the child's best interests throughout the entire process, including the stages beyond disposition, and where necessary, beyond the termination of parental rights. Since the social workers, the agencies, the psychologists, etc. each have their own biases, the child must have separate representation.

The group then discussed the court system in general. The consensus of the group was that frequently the court system is confusing; the process is too lengthy, and the attorneys and health/social work professionals do not speak the same language. There was some concern that the court system has become too complex; but it was agreed that where the court is too informal there are problems of inadequate due process: it is frequently too easy to remove a child from the home. It was felt that there are not adequate standards and procedures to protect the rights of both parents and children. The necessity of considering standards as well as formal mechanisms for reaching decisions was emphasized.

It was agreed that training for all those involved in abuse and neglect cases is crucial and that such training is not being adequately provided at the present time. Judges, masters, attorneys, social workers, psychologists, police, etc. must have training in the legal, social, and emotional aspects of abuse and neglect. While some jurisdictions do have a family court, the group felt that perhaps the separate family court system should be extended. Such courts might facilitate the training of the decision makers: the judges and masters. It was felt that in our society a knowledge of both law and social work is

frequently needed in cases involving children (e.g. cases of abuse and neglect, delinquency, incorrigibility, custody, etc.). Therefore, it may be necessary to develop a separate profession which combines law and social work and which concerns itself with the problems of families and children.

Finally, the group felt that the discussion had been very useful and there was a desire to move into action. Many of the participants were from the District of Columbia and it was suggested that they form a task force to explore the issue of a separate family court and investigate special training for those involved in abuse and neglect cases.

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Criminal Justice Reform In Handling Child Sex Abuse

a paper presented by

Charles Bahn
Michael Daly

The child victims of adult sex abuse are among the most ignored and consequently least protected children in our society. Not only are these children often subjected to parental neglect but they are also subjected to the indifference of the community in dealing with their problem.

Society is very reluctant to face this ugly aspect of our civilization. The harsh reality is, that despite our vaunted progress and accomplishments, we are still unable to protect the most vulnerable members of our society from the cruelties of others. This failure is so difficult to face that it usually elicits denial.

One consequence of this studied indifference is that there is no national reporting system to identify cases of the sexual abuse of children and therefore we are unable to measure this phenomenon with any precision. Estimates vary from 4,000 cases a year in large cities to national estimates of between 200,000 and 500,000 cases a year of sexual assaults on female children below the age of thirteen. Although girls are in fact the more usual victims, sexual assaults on boys do occur and include both homosexual and heterosexual activity. Vincent De Francis (1956) wrote:

The paucity of information regarding the incidence of sex crimes against children and the absence of data assessing the impact and effect of the sexual victimization on the child's emotional health result in a general failure to mount a coordinated attack on this national problem. (p. 15)

While there are programs now being developed to deal with the more general problems of child abuse, even these concentrate on prevention and description. In the specific area of sexual abuse of children, most programs deal with the adult offenders and not with the psychological scars of the sexually molested child.

Yet the psycho-social effects of such victimization have been identified as harmful. Karl Abraham (1927) studied this problem extensively and agreed with Freud (1905) in assigning a secondary role to sexual trauma in youth as a cause of neurosis or psychosis. Abraham also suggested that sexual trauma was, in many cases, desired by the child on an unconscious basis, and was therefore a form of distorted infantile sexuality. Melanie Klein (1932) presented the thesis that the experience of seduction or rape by an adult might well have serious effects upon the child's psychic development.

Moreover, the parents themselves are often victims of this traumatic experience. They may experience shame and guilt

and their self-esteem is lowered. They experience anxiety and fear as to what others will say and think of both them and their child. Probably the greatest source of fear lies with their inexperience in dealing with problems of this sort and their inability to find adequate help. Some research has indicated that these feelings of frustration are directed as angry blame toward the child, thus adding to the victim's confusion and feelings of guilt and shame.

As a corollary to all this, the situation is further compounded by the urgent need of the criminal justice system to intervene and thus treat the offender. Unfortunately, the goals of the criminal law become primary and the needs of the child become secondary. Although there may be recognition of a child's need for medical attention, there is little understanding of the emotional impact upon the child of such a crime and its after-effects. De Francis (1956) points out that "the child is rarely protected through the lengthy police investigations and court proceedings" (p. 16).

The purpose of this paper then will be to review alternative methods that the criminal justice system could utilize in its administration of justice in cases of sexual abuse of children. The general objective of these alternatives would be to minimize the trauma and damage occasioned not just by the incident itself but also by its sequels that occur during the criminal justice investigation and adjudication of the offender.

The Problem

Although sexual abuse is a major separate category of child abuse, it is usually not characterized by violence. Cohen (1951) says that two-thirds of the victims are participant in that they cooperate in an assault more than once or with more than one assailant. Even if this estimate is exaggerated, it is clear that in most cases of sexual abuse violence does not occur because the child is rewarded, seduced or frightened into passivity.

For this reason the sexual abuse situation has been described as one in which both members form a *symbiotic relationship* or a *cooperative dyad*.

Mannheim (1965) indicates that children often initiate or consent to sexual acts without "special seduction, threatening, or violence." Witter (1972) notes that only in approximately one-fourth of the pedophilic cases investigated criminologically did the child offer resistance. "The offender's threats and intimidations increased resistance." According to Witter, however, this does not pertain to the majority of pedophilia offenses, particularly when the offender is elderly. Rasch (1963) suggests that the offender (pedophilia) and the child often establish a relationship of mutual understanding. For the child, it is "unbounded sexual curiosity, which seeks gratification from adults." He notes that the offender does not have to adapt himself to the level of a child, since his own mentality is already infantile. This, in fact, may be due to early damage to the brain. Furthermore, Pondelickova and others (1969) emphasize the part of mental disability in pedophilia offenses.

In his study of young female victims, Gagnon (1965, p. 23) describes the victims as playing a "collaborative" role in the offense in 7.8 percent of 330 offenses studied. Additional studies vary in their description of the victim's role as either "nonobjecting" in 40 percent of 1,994 offenses (Weiner, 1966) or as "encouraging" to the offender in from 66 percent to 95 percent of all sex offenses (Gebhard, 1965). Further

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studies describe the victims as "fully participating" in 60 percent of 73 offenses (Weiss, 1955) and as "seducers" in 21 percent of 185 offenses (Glueck, 1956).

As a rule, physical force plays a minor role in the sexual abuse of children (Gagnon, 1965). This may be due to the fact that the offender and child have some relationship already established (Gibbons & Prince, 1963). In his study of girl sex victims, Gagnon demonstrates that only 1.9 percent of the "victims sustained a forced act of penetration and 2.7 percent a general forceful attack on the whole body." He goes on to state that the most common sexual activity between victim and offender involves "exhibition of sexual organs, genital and nongenital petting or fondling, mouth-genital contacts and attempted penetration without force."

Between 1951 and 1972, Virkkunen (1975) conducted a study of all the pedophilia cases which had been examined at the Psychiatric Clinic of the Helsinki University Central Hospital. There was a total of 64 cases, all of which were thoroughly investigated. If it was clear that the victim or victims had precipitated the situation by their behavior, the case was taken as a subject. Precipitating behavior was indicated when the "victim repeatedly, on his/her own initiative visited the offender notwithstanding the fact that the latter committed unchaste acts, and/or the victim displayed some kind of initiative in the offense itself." In those cases where some resistance or passive attitude could be verified, they were listed as controls. The subjects numbered 31 (48.4 percent) and the controls 33 (51.6 percent). The age of the victims was about 9 to 10 years and if there were several victims, only the youngest of them was included in the study.

Virkkunen found that in those cases where victim precipitation was involved, "the offender had clearly a weaker intelligence than other pedophilia offenders and usually their intelligence level had declined secondarily as a consequence of different brain processes, chronic schizophrenia, etc." The offenders had less serious criminal records, if any at all. More often than not, the victims knew the offenders in the subject group and the offense among the subjects had been more often linked with bribery. Interestingly enough, the victims (subjects) were objects of the offense more often than once, and "there were more often several victims" in the subjects' group than in the controls. Finally, as already demonstrated by Gagnon's study, Virkkunen found that there was no aggressive behavior linked to the victim-precipitated offenses as opposed to the aggression among the controls.

The net effect of the generally non-violent and often participative nature of sexual abuse is that in itself, while it may be symptomatic, it is often only moderately traumatic. Abraham (1927) points out that when we analyze the child's images of the actual incident, we find that the child attempts "to deal with the displeased recollections in some way or other in order to alleviate their disturbing effect." The most likely method of dealing with this kind of event is repression, although in many people, the repressed contents may later be raised to consciousness or appear as symptoms of hysteria or dementia praecox.

However, the incident is usually just the beginning of the total experience, and the latter stages are frequently so traumatic as to be scarring.

Bender and Blau (1937) and Gibbons (1963) indicate that

the greatest potential danger to the child's personality is caused by society and the victim's parents as a result of 1) the need to use the victim to prosecute the offender; and 2) the need of parents to prove to themselves, family, and society that the victim was free of voluntary participation and that they were not failures as parents. Bender and Blair noted that the "emotional reaction of these children was in marked contrast to that manifested in the same situation by their adult guardians." Surprisingly enough the children were often either unaffected or "bold and flaunting" about the whole incident.

Clearly the meaning of the incident comes primarily from the reactions of parents. But there is also a larger society and other significant figures such as teachers, neighbors, and friends that react as well. When they react with anger, shame, guilt, or prurient curiosity they color and distort the meaning of the event to the child.

In our society the justice system requires that a person charged with an offense has a right to trial and to confront and cross-examine those who have brought charges against him.

In the crossfire of the adversary system a great deal of harm is often done as the child is called upon to repeatedly describe the details of the offense. Kohlberg (1968) has demonstrated that children are in the process of learning to establish moral norms including those of truthfulness. The premise of the courtroom is that all testimony and recollection must be viewed as limited when it is not supported by corroborated evidence. These rules do not accord with the rules of personal responsibility and trust that the child is learning to adhere to. In addition, the emotionally charged context of court proceedings conveys an undertone of seriousness that can easily be misinterpreted by the child. Finally, most harmful is the necessity for the child to confront the defendant thus reentering a relationship that usually has left unresolved feelings and conflict. Le Roy Schultz (1973) writes:

What perhaps in the child's mind is a short-lived traumatic event with no permanent consequences is thus placed out of proportion to its importance, and forces the child to reorient his or her idea toward an adult interpretation of the offense, and the child's role in punishing the offender. (p. 152-153)

The dilemma here is the need to protect the child from the potential trauma of the legal proceedings, but at the same time to guarantee the accused his rights to a fair trial.

Psychiatrists, child psychologists, and other experts concerned with children frequently indicate that child victims are often profoundly disturbed, either by the incident itself or by the legal proceedings thereafter. "It is generally agreed by child psychiatrists that the degree of psychic trauma is as much, or perhaps more, dependant on the way that the child victim is treated after discovery than at the time of the offense itself" (Guttmacher, 1951).

When a child victim is called to offer information he is treated in basically the same manner as if he were an adult witness. The child's parents may be reluctant to allow their child to testify but nevertheless they may find it difficult to withdraw the charges. The reason for this is that the state believes that its duty to punish the offender supersedes the parents' wish to protect the child. When interviewed, the child is often seen by detectives who normally interrogate adults and thus are not attuned to the special needs of the child. In addition, the child's testimony is often recorded in

a courtroom which may be frightening and overbearing to the child. While our society has initiated special steps to ensure the well-being of juvenile delinquents, the child victim is often a "forgotten child—a child whose presence, whose condition, and whose cry for help is unrecognized or ignored" (Libai, 1969).

Psychiatrists have enumerated a number of variables in the legal proceedings which may emotionally upset the child, and perhaps traumatize him/her. These components are: 1) repeated interrogations and cross examinations (Libai, 1969); 2) facing the accused again (Gibbons & Prince, 1963); 3) the official atmosphere in court (Mullins, 1949); 4) the acquittal of the accused for want of corroborating evidence to the child's testimony (Savage, 1964); and the conviction of a molester who is the child's parent or relative (Kaufman, Peck, & Tagiuri, 1954).

Models of Court Reform

Although the most obvious need is the reform of court procedures in dealing with children who have been sexually abused, the pretrial investigation is inextricably related to such reform.

The immediate response to the report of a sex offense is a police investigation. Stemming from our knowledge of the possible state of mind of the child victim, a question emerges: Are the police appropriate interrogators of the child victims of sex crimes? The conflict here lies within the police responsibility to attain as much factual information as possible and the desire to protect the child from any possible ill effects of the incident. As approaches to the handling of crime differs, so do the efforts to reconcile this issue. The United States, the Scandinavian countries, and Israel have all attempted various methods. They are similar in that they all entrust the function of interrogating the young victim to someone other than a police officer.

The Chicago Police Department utilizes youth officers in the interrogation of child victims. In regards to the investigation of the crime itself, the department's detectives are assigned this task (Libai, 1969). Sweden and Denmark add the services of child case workers to that of special police-women, and reduce the number of children's interrogations to a minimum (Libai, 1969). Israel makes use of one professional—the *youth investigator*. A review of the descriptions of the various professionals employed by Chicago, the Scandinavian countries and Israel indicates that in order to achieve successful child interrogations, the child interrogators:

should possess in some measure the special characteristics of a youth officer and a child caseworker, the capacity to elicit a complete report of the offense from the child, objectivity for accurately recording and reporting of the investigation, and professional understanding of the mental health of child victims and their need for social welfare. (Libai, 1969)

Therefore, the appropriate way to interrogate the child victim without sacrificing the need for credible testimony and more importantly, without psychologically upsetting the child, is to utilize *youth interrogators* who are well trained in both child psychology and legal investigative techniques.

As a corollary to all this, the youth interrogators can help to determine the credibility of the child victim's accounts of the incident by preparing a written social profile covering the

following:

1. The past history of the child, including full particulars about his family;
2. The state of health of the victim and the members of his family;
3. The child's intelligence, his behavior and achievements in school and in playing with his friends;
4. Any previous acquaintance of the child or members of his family with the accused;
5. Special personal circumstances, if any, which may affect the child's credibility or his involvement in sexual acts. (Libai, 1969)

In summary then, the use of youth interrogators in the investigation of the crime will serve both to protect the child victim and to facilitate the gathering of factual data.

A second model of reform is the use of a special court setting for cases which involve children. David Libai (1969) suggests that in order to secure a fair trial for the accused and a healthy one for the child victim, a special "child-courtroom" would be designed so as to allow the recording of the victim's testimony in a relaxed and informal matter. In this "child-courtroom" the child would see only four persons around him: the judge, the prosecutor, the defense attorney, and the youth interrogator. The accused, the jury and the audience should be seated behind a one-way glass separating them from the "child-courtroom" but enabling them to observe everything which occurs there. In this manner the defendant's right to a trial by jury is guaranteed and the jury can observe the accused's demeanor during the child victim's testimony. In addition, the accused will have the use of microphones and earphones so that he and his counsel may converse during the victim's testimony. "The proceedings would be transmitted to the accused's box by suitable electronic methods which would not interfere with the accused's capacity to communicate with his counsel" (Libai, 1969). Should the question of identification arise, the accused and a group of other persons could enter the "child's court-room" so as to resolve this issue. All of these special arrangements should be enacted during the victim's testimony and upon its conclusion the trial can be resumed in a normal court setting. A final note is that a suitable place should be provided for the child victim and his family during the continuation of the trial.

The foregoing suggestion by Libai demonstrates that the need to preserve the mental health of the child victim and the duty to safeguard the defendant's rights are not irreconcilable needs and can therefore be handled in an equitable and just manner for all concerned.

A third major approach is to have all cases of child abuse within any prosecutor's office assigned to an individual who is trained to handle these cases in the course of the usual prosecutorial tasks and whose role is expanded as well. What is suggested is that this prosecutor handle a significant part of the pretrial investigation so that an ongoing relationship with the child victim can be established. The training involved would not be a one week course of relevant insights from psychiatrists and social workers, but would involve a much more sustained effort in order that the prosecutor may acquire professional-level psychological understanding and counseling skills. This would represent a major change in both legal education and training. However, it is consistent with developing trends to introduce courses in the social sciences in law

schools, as well as consistent with the recent recognition that both prosecutors and defense attorneys require additional specific training in litigation generally and in the various specialty areas of litigation. There is a growing unwillingness to accept the often erroneous assumption that general professional certification, in this case admission to the bar, produces a presumption of confidence in any of the very specialized fields of activity that fall within the professional purview. This would be a very well-defined specialization but its effect would be to ameliorate much of the necessary stress involved both in pretrial investigation and in the trial itself.

Finally, it should be pointed out that all three of these approaches could be adopted either together or independently. They could complement each other and there is no conflict between any of them.

Concluding Statement

The reform of the procedures involved in dealing with cases of the sexual abuse of children means making our court system more complex and more expensive. Obviously, the least expensive and simplest way of handling these cases is to make no distinction between them and other criminal cases.

We have come to recognize that we must give special attention to children and youth because the impact of this attention is often preventative. It is for this reason that we set up a juvenile justice system with special roles and procedures and have consistently developed programs and approaches to deal with juvenile delinquency as opposed to adult crime. We know that in dealing with the problems of young people we are anticipating eventualities of their adulthood.

There is a large body of rather stark evidence on the adult careers of children who have been victims of sexual abuse. The most obvious effects are those suggested by Freud (1905) and Abraham (1927) that these children grow up to be adults with crippled neurotic and even psychotic personalities. There is some evidence that a substantial proportion of prostitutes were sexually abused children. For some, there is even a relationship between the early incidents of sexual abuse, the notoriety resulting from it, the impact of the court process and their later entry into prostitution (Glover, 1969).

Another well documented finding is that among parents who abuse their children, there are many individuals who were themselves abused during their childhood. David Bakan (1971) entitles a section in his book "Abused children tend to become child abusers." For these reasons, we feel that it is urgent to intervene to provide therapeutic services to abused children and to ameliorate the traumatic consequences to the victims that sometimes result from the investigation and trial of the offenders. This effort is justified by the compassion implicit in it and by its preventative potential. David Libai (1969) quotes the maxim of Judge Cardozo, "But justice, though due to the accused, is due to the accuser also. The concept of fairness must not be strained till it is narrowed to a filament. We are to keep the balance true." We must be fair to the offender but also fair to the victim and to society.

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The Health Professional In Court

a paper presented by

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The active operation of a major urban hospital child abuse consultation team has resulted in increased experience in dealing with the interface of health professional priorities and the legal structure and its priorities. The interaction between the two became readily apparent as the program started. From the very beginning one was impressed with an area of role-conflict that could seriously impair the effectiveness of the health professional.

The first issue to be faced was not only that of resistance to reporting child abuse, but also resistance to adapting record keeping procedures. The latter was necessary in order to more adequately deal with the administrative and legal aspects of the management of the child abuse case. "Fear of going to court" turned out to be a rather minor issue as compared to others that developed which clearly fell in the realm of a role-conflict phenomenon. It was easy to deal with the issue of legal liability, as protection from civil suit was guaranteed. Some professionals remained adamant in their wish to never be involved with court action. However, this issue was reduced rather rapidly to a serious concern regarding interference with scheduling and loss of time.

A perceived "punitive" nature of the child abuse report became evident and clearly placed the health professional in a position of conflict. This was not true for that small number of cases where extreme brutality had been carried out by rather obviously unfeeling and unresponsive adults. In the majority of child abuse cases, however, the situation was one where the professional faced a distraught and concerned parent who described an incident or series of incidents as regrettable accidents. The staff could see the reality of the risk for the child. However, very natural empathy for this worried and somewhat depressed parent placed them in the position of wanting to help. Thus, they viewed the child abuse report as a punishing instrument rather than a helping tool.

The same conflict was quite apparent when the staff moved toward better record keeping of the details of the injury, the statements made by child and parents, the staff's observations of the behavior of each and their interaction. Taking photographs of the injury and placing them in the chart became a routine procedure to be followed whenever child abuse was suspected. This brought the conflict to a head with such questions as: "Am I a detective or a nurse?" (Freely substitute pediatrician, psychologist, psychiatrist, teacher, etc.)

The resolution of this initial role-conflict situation required (and still does) an in-service training model. This model dealt not only with misconceptions regarding the nature of a child abuse report, but also concentrated on the diagnostic issues involved and the necessity for such data keeping to aid in that diagnosis. First of all, many health professionals were of the impression that making a child abuse report was similar to

calling a policeman and making a charge against a person. In the latter situation, one expects to go to court. It was surprising for many health professionals to realize that the child abuse report initiated an investigation and did not automatically mean that the parents would face a judge. For many a greater revelation was that even if the investigation indicated a likely case of child abuse, intervention plans could be carried out on a voluntary basis. The parents were not required to ever walk into a courtroom or face a judge or master of the court.

It was crucial to establish the clear understanding that both the data recording system and the child abuse reporting system were part of necessary diagnosis before one could develop an appropriate plan of assistance to the child and the family. Accurate data recording and the carrying out of an investigation in spite of parental resistance are essential components of the diagnostic process that must be completed successfully before any intervention can be considered.

From the point of view of the examination of the child, we not only need a very precise understanding of the physical damage presently done or committed in the past, but we have learned to also look at the overall adjustment of the child. This is the only way to develop a total picture of the needs of the youngster. Clinically, we are ever more frequently coming in contact with situations where the physical abuse is only part of the problem. In many cases, diagnostic study leads to a recognition of serious developmental difficulties that are directly related to the quality of the parent-child relationships to which the youngster has been exposed. The most recent example would be the growing awareness of the phenomenon of deprivation syndrome. This is sometimes referred to as psycho-social dwarfism and is characterized by a non-organic and non-genetic short stature. In these cases, fluctuations in rate of growth of height can be directly correlated with whether or not the child is in the parent's home. Delay in intellectual development and deviation in emotional interaction can often be related to psychological deprivation.

Positive findings in these areas would have strong influence on the development of plans to meet the needs of the child. These plans would not only be concerned with the degree to which the child is at-risk for further physical harm, but also would consider what the youngster needs to reasonably improve his chances for normal psychological development. The development of this type of full-range diagnostic study of the child often requires an ability to examine the child and the home environment at a time when parents might ordinarily not give their permission. The formal placement of the child abuse complaint permits these examinations to be carried out and prevents them from being blocked by either hostile or frightened parents.

The same situation is true regarding the diagnostic assessment of the parents. Certainly, there are limits as to how far the parent has to go in terms of "cooperating" even under a court order to submit to examination by psychologists or psychiatrists. At least with such an order, there is an opportunity for direct contact with the parents which otherwise might not occur. The diagnostic assessment of the parent would be greatly aided by the availability of well-documented observations of the behavior of the parent and of the interaction between parent and child during crucial times. These crucial periods include: 1) the initial discussion of the injury; 2) the discussion of the reasons for hospitalization; 3) the discussion of the reasons for the hospital staff contacting the Division of Protective Services; and 4) the behavior of the

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parent during subsequent contacts with the child while in the hospital.

The kinds of diagnostic decisions that have to be arrived at, if proper planning for the family can be considered, are reasonably presented in summary form in a paper by Rosenfeld and Newberger presented at the November 1976 annual meeting of the American Association of Psychiatric Services For Children. That paper considered the kinds of clinical decisions that have to be made before one can move toward one of two possible intervention models. The first model emphasizes a helping professional-parent relationship ("compassion"). The second intervention model is based on a recognition of the very poor possibility that such a helping relationship will be effective and a recognition of the extremely high risk of further harm occurring to the child ("control"). Obviously, intervention models can emphasize one or the other approach or end-up at a point of compromise between the two. But what plan one moves toward depends upon a truly adequate understanding of the adults involved.

The factors that these authors considered were those of: 1) the chronicity of injury; 2) the degree to which the incident is acceptable or unacceptable to the parents; 3) the adult's behavioral history in reference to the norms of society; 4) the quality of the emotional attachment between parent and child; 5) the adult's perception of the needs of the child and his ability to empathize with the youngster; and 6) the adult's ability to inhibit or control hostile impulses. There is general agreement that this extensive range of data is required if an adequate evaluation is to be carried out.

One can certainly enter into a rather involved discussion about the range of data necessary for an adequate decision regarding the management of a child abuse case and the planning for the needs of both child and parent. However, this diagnostic process clearly requires a different type of observation and data-recording than what one normally deals with when patients come seeking help. The accurate implementation of these procedures often places a health professional in the position of feeling that he is acting in a punitive manner. This is the antithesis of the professional's perception of himself in relationship to his life's work.

The implementation of both diagnostic and intervention phases does frequently bring one to court. The parents may resist further diagnostic steps that require a temporary separation of the child from the parent or they may object to a treatment plan that involves some form of separation. Although the court-action is given the benign term of a "hearing," and the person in charge is called a "master of the court" instead of a judge, the adversary system is followed with individual attorneys representing the Department of Social Services, the child, and the parents. The health professional becomes a witness belonging to one of those attorneys and his or her testimony will be vigorously attacked by one or more other attorneys.

The role-conflict issue becomes even more severe. As a health professional, one often has to present rather upsetting opinions to a patient or to the parent of a patient. One is often in the position of direct confrontation with parents. This may occur in regard to the treatment needs of their child or the damaging effects of the parents' own emotional disturbance, marital discord, etc. on their child's adjustment. Communications of this sort are upsetting but these painful interactions are an intrinsic part of a clinician's life work. These interactions, however, are under the control of the

health professional so that the material can be presented to a parent in as supportive a manner as possible. In other words, even though the direct confrontation may be threatening to the adult, steps can be taken to go as far as possible in maintaining a supportive interaction which will allow one to continue to be of assistance to that adult. It is under these types of circumstances that health professionals interact with a client regarding issues that may be extremely upsetting to the client. The health professional is able to concern himself with the needs of the client and work to aid the client in dealing with whatever painful information is being presented.

In the courtroom situation, however, the health professional finds himself in a position of having to vigorously defend his recommendations if he wants to see those recommendations carried out. When acting in the defense of those recommendations, consideration is no longer given to the emotional needs of the parent. The parents are in the courtroom and are exposed to every aspect of the examination and cross-examination of expert witnesses. Explaining in your office to a mother why you are strongly recommending that she not take over the responsibility of her child can be painful enough, but in a courtroom one finds oneself in the position of having to use extremely destructive terminology such as "retardation," "characterological defects," etc. If one feels that a child is at-risk in the presence of his parents, this cannot be presented in any terminology other than that which specifically says that these parents are an absolute danger to the child.

The health professional also finds himself talking in ways to which he is not accustomed. For example, when explaining that a child is at-risk because the mother has a serious impulse control problem, what is usually meant is that under conditions of stress, were the mother to become angry at the child, there is a high probability that normal disciplinary procedures would shift into an abuse incident. One can try to explain the problem in these terms, with an emphasis for the mother's sake on a recognition that this is a "problem" that she has and needs help with. The opposing attorney, on the other hand, will move into a series of questions attempting to make the health professional suggest that the probability of this happening isn't so high, that she is really capable of being a loving mother and that the health professional may not be exactly as accurate as he originally thought. The health professionals own attorney will advise that when dealing with such an attack on testimony, the best response is a very blunt and aggressive one. That type of response would result in a much more dramatic presentation of the danger to the child than this mother represents. As the health professional makes his statements more direct and more brief, so as to block the maneuvers of the opposing attorney, he begins to say things in a manner that can only be seen as destructive to the parent.

The conflict that the health professional faces at this point is rather obvious. He or she recognizes the risk to the child and wishes to have an intervention plan accepted that would protect the child as well as give the parents a chance to make some changes in their functioning. In order to get that plan approved by the court, a shift is required in the role of the health professional from that of a helping person to that of one of the adversaries. In making that shift, the health professional then finds himself in the position of communicating in a manner that can only be seen as destructive to the parent. This becomes a problem not only in terms of the professional acting in this rather unacceptable manner, but it also repre-

nts an interaction between professional and parent that may terminate forever any possibility of that health professional being of assistance to that parent. The experience in court may not only permanently destroy the ability of *that* health professional to be of assistance to the parent, but it may very well put the parent in a position where a helping relationship could not be established with any other individual.

From the point of view of one of those health professionals, I would like to suggest that a different form of legal procedure be considered. If a representative of the court could hear privately from each party involved, then material could be presented in a manner that would not be destructive of the parents nor destructive of the relationship the parents may have with a helping person. One would be able to avoid direct public attacks on parents. This would require that the court representative be permitted to hear testimony without opposing attorneys having the right to object or cross-examine. They would have to manage to sit there quietly and listen. At this point in the "hearing" the parents would not be present.

After studying all the material presented, the court could then present to the parents, and their attorney, a statement of how the court would be inclined to rule and the reasons why. The presentation of these "reasons" could be designed to be as humane as possible and also, perhaps, allow the parents to remain willing to seek and accept help.

This procedure would forewarn the attorney as to how the ruling would most likely go if an open hearing was held. Thus, the attorney would be better able to help the parents decide whether or not to accept the ruling as it stands or to enter into a formal hearing. The attorney could also incorporate a consideration of the possible effects of such a procedure on the parents when counselling them.

If the parents accept the decision of the court at that point, then that decision would have to be as legally firm as is necessary to allow for such things as legal custody of the child to be placed in the hands of someone other than the parents. If the parents did not accept the decision, then all parties would have to move into the unfortunate direct confrontation of a more public hearing.

It has been our experience that procedures similar to this do occur but this has not been our general experience. Agreements "by stipulation" can be entered which are legally binding but do not involve the trauma of a full court hearing. This type of procedure occurs in the *infrequent* occasion when the parents' attorney is able to recognize the potential harm to the parents of an open hearing. I would recommend that this type of procedure be uniformly applied in every situation where an adult responsible for a child is not able to fully cooperate with either the evaluation procedure or an intervention plan, or actively objects to any aspect of this process. In these cases, this type of "hearing" procedure would be the first step to be followed. One certainly recognizes the need to protect the legal rights of parents as this also represents the larger problem of all of our constitutionally guaranteed rights. At the same time, however, the protection of children and the maintenance of a reasonable ability to be of assistance to both child and parents also must be guaranteed.

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Parental Rights and Civil Liberties

Workshop Overview

The first session of the workshop on parental rights and civil liberties was centered on the question of the termination of parental custody of children and whether or not termination represents a denial of parental civil liberties. This problem arises when the rights of parents to rear their children in keeping with their own value systems conflict with the needs of their children for a safe, secure, permanent environment in which to grow and develop. The finality of termination is very disturbing to the agencies responsible for the welfare of children and raises many moral and legal questions.

The presenters were Nancy Smith of Washington, D.C. who is active in child advocacy programs and was one of those who formulated new child abuse and neglect legislation for the District of Columbia; and Victor Pike, former director of the Oregon Permanent Planning Project and now head of a federally funded program to assist other states in setting up such agencies.

Mrs. Smith's paper dealt with the essential elements that should be included in a model system for termination of parental rights which would protect the rights and liberties of both parent and child. Mr. Pike outlined the experiences of the Oregon Project. Included in his talk were the requirements for establishing such a program, the practical measures which had to be developed for its smooth operation, the procedure (which followed specific guidelines and called for strict accountability at every step) and recommendations for similar projects in other jurisdictions. Both speakers thought that the best balance between parental rights and children's rights was struck when intervention by authorized agencies was limited to the least amount needed to protect a child from serious harm, when necessary services were provided which could keep families together or reunite them, when all persons and agencies involved in the termination process were held strictly accountable for their activities, when all parties involved in termination were represented at every stage by legal counsel, and when all decisions were made on the basis of the child's needs rather than on the basis of the parent's behavior.

Group discussion was primarily concerned with the concept of "due process" and the need for it to be followed rigidly. This included the entire matter of legal representation for all parties and some of the practical difficulties which could crop up with a possibly large group of persons involved at any one time. The feeling was that legal representation was essential any time a child was removed from his/her home regardless of whether or not termination was a possible consequence. The question of the quality of the legal representation was raised and mention was made of the dearth of lawyers available who have expertise in the broad range of issues present in these cases. It was also suggested that established agency bureaucracies sometimes present major obstacles when considering permanent placement or termination for children and that agencies are sometimes guilty of being more aware of their own conveniences than of families' needs.

The second session dealt with the issue of central registries and the threat these pose to civil liberties, particularly in light of the trend toward the automation of these registries. The presenters were Leila Whiting of the National Association of Social Workers and director of a federally funded child abuse and neglect training project and Graham Taylor of the Virginia

State Department of Welfare who is responsible for the state's central registry and its computerization. Mr. Taylor was assisted in his presentation by Patricia Snyder who explained the technical operation of the Virginia system. This account was detailed and enhanced by use of graphic aides. (Mr. Taylor was unable to prepare a paper for publication.)

Mrs. Whiting spoke of the general erosion of civil liberties and the contribution of the central registry to this process. Of particular concern was the use of names and other specific identifying data in these registries, many of which are now being computerized. The registry concept was traced from its origin in the trauma index found in medical settings for the use of physicians in diagnosing child abuse. It has evolved into a data collection system and is largely used for administrative purposes. Mrs. Whiting believed that the increased use of central registries is due to 1) encouragement by federal agencies of such systems (despite the fact that their efficacy in meeting stated purposes is not yet fully established) and 2) "me-tooism," a tendency of the states to do the same things which other jurisdictions are doing without a critical appraisal of such measures. Mrs. Whiting maintained that the central registry can be used to collect data for research and need assessment without use of names and other identifying material and that the registries can appropriately be supplanted by other supervisory and administrative tools.

Mr. Taylor and Ms. Snyder discussed the central registry as it operates in Virginia. Established one and a half years ago, it is now undergoing change from a manual system to an automated system. Rapid growth of the registry had made manual operation virtually impossible if guidelines designed to protect individual rights and to provide workers with necessary information were to be met. Virginia has set up a Users Committee to provide input from agency personnel who by law are required to use the registry. This committee helps determine what information is actually considered necessary and desirable by workers. Also, an elaborate system of codes which are changed at regular intervals has been designed to assure that unauthorized persons do not have access to information in the registry. The system has been set up to restrict electronic access to data as well. Mr. Taylor enumerated some of the benefits of an automated system including the fact that it provides a data base from which statistics can be generated to help determine need for services and to develop resources to meet those needs; it makes information more readily available to workers; it is easier to update and keep information current; it provides for earlier and speedier removal of outdated and unneeded material.

The group expressed considerable worry that information in the registries could be used improperly by unauthorized persons. This uneasiness persisted despite detailed explanation of the Virginia systems' measures to prevent this. The whole concept of confidentiality was seen threatened by the automated system. Workers feel that clients must be informed that data is being collected about them and that the therapeutic relationships are jeopardized by this admission. Also the validity of data gathered would be open to question if names are included because of worker resistance to this practice and the possibility that they would take measures to circumvent this requirement. It was pointed out that some kinds of data might better be collected at the local level rather than being fed into a statewide, centralized bank. A major problem was that data systems might be seen as an end in themselves rather than as

means for documenting needs which leads to the provision of broader services to families. In conjunction with this was the point that money used to establish and maintain central registries could be better used in provision of direct services. Everyone recognized the need in the field of child abuse and neglect for reliable data for use in research and case management, however they felt these goals could be met without including names of families and individuals.

Gladys P. Sedgewick, M.S.W.
Clinical Social Worker

State Intervention And The Termination Of Parental Rights

remarks of

Nancy Smith

The title of today's talk was to have been "Termination of Parental Rights: Balancing the Interests of Children and Parents."

I'm not completely comfortable with that title. Since I'm filling in for the scheduled speaker on extremely short notice, I'm going to take the liberty of changing the focus somewhat.

I do not believe that termination of parental rights can be discussed separately from other acts of coercive state intervention into families in the exercise of the state's child protection role. We cannot hope to develop equitable standards for termination if the system, of which it is a small but integral part, is itself inequitable. Therefore, rather than dealing narrowly with criteria for termination, I would like to discuss the larger system of state intervention.

What I will present, for the most part, is *not* original. It is primarily a review of some current thought on state intervention and termination and is very heavily based on the writings of Robert Mnookin (1973, 1975), Professor of Law at Berkeley, and Michael Wald (1975, 1976), Assistant Professor of Law at Stanford.

Over the last 10 or 15 years there has been an increasing interest across the country in the protection of the neglected or abused child. Because of the general assumption that intervention on behalf of such children is beneficial, the restraints usually placed on coercive state action are, as a rule, minimized or disregarded in this area.

Yet there is serious question as to whether intervention—particularly when it involves removal of a child from the custody of his parents—does in fact improve the situations of the majority of the children effected.

The purpose of intervention is almost always stated to be—as it should be—the strengthening of the original family. It is a purpose more honored by its breach than by its observance. Both the lack of necessary resources and the nature of the juvenile court child protection system are responsible for a situation in which all too often our efforts to protect a child result in greater harms than those we wished to prevent.

We are all familiar with the effects of inadequate service. We cannot provide the early preventative services that could avert more drastic intervention. We remove children because the services are not available to protect them at home. We pretend that foster care is a temporary arrangement while we stabilize the family situation, yet it is often the only service offered. The result for the child is the permanent instability of long term so-called temporary placement.

Our solution to the problems of long term care cannot

simply be a procedure for termination of parental rights that attempts to balance the rights of parents and child. We must protect those rights from the time of the initial state intervention.

However, it is not just lack of resources—no matter how key—that must be addressed. We must examine the nature of the child protection system itself. The child protection function of the state involves the judicial enforcement of standards of parental behavior deemed necessary to protect the child. In order to carry out that function the court usually makes a highly individualized determination of what is in the "best interests" of, or is "least detrimental" to a particular child.

Child custody adjudication (and by that I mean both adjudication and disposition in neglect cases and in termination proceedings) is really very different from traditional adjudication.

Mnookin describes traditional adjudication as "act oriented." A neutral judge first ascertains past events and then evaluates those events against clearly articulated and generally applicable legal standards or rules. The rules he uses must reconcile with those applied in earlier, similar cases. On the other hand, child custody disputes based on the "best interests of the child" principle are described as "person oriented." They require that the individuals involved be evaluated as social beings. The determination of past events is significant primarily insofar as it enables the court to predict the future. The rules applied in evaluating past events (definitions of neglect) are usually *not* clearly articulated. Instead these rules tend to use broad and imprecise language which allows the judge broad discretion. Since decisions are based not on clear, generally applied rules, but rather on individual evaluations of the person involved and on predictions of future events, there can be little dependence on precedents set by similar cases.

Such individualized determinations at first seem highly appropriate in child custody cases. After all, no two situations are exactly alike and it seems eminently fair *not* to establish overly specific rules to be applied to all cases. Why not allow a judge to make a rational choice among carefully considered alternatives? As Mnookin points out, there are a number of very serious disadvantages to the lack of clear rules.

Rational choice first requires that the judge be able to predict with some certainty the results or outcomes of the various alternatives he is considering. Second, he must apply a set of values in weighing those outcomes and in determining which is in the child's best interests. However, in most cases current psychological theories simply do not enable us to accurately predict the effects of alternative dispositions on a particular child. In addition, judges typically are presented only with information about the original family—particularly the negative aspects of the family. Rarely does the judge have information about any proposed new placement or about any detrimental effects of separation of the child from his family. Thus, only the risks of allowing the child to remain in the home are known; the risks of removal are virtually unknown, with the result that the judge's decision is biased toward removal.

Even if the outcomes of various alternatives could be accurately predicted we would still be faced with a fundamental problem: What values would we apply to rate the various predicted outcomes? This is a highly pluralistic society and we do not have broad consensus about values to be applied in childrearing. Should the short term or long term happiness of the child take precedence? What relative importance do we attach to economic security, religious training, intellectual stimulation, discipline, and warm personal relationships? We

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simply do not have a clearly defined set of values about what is good for particular individuals. Thus the flexibility of broadly phrased neglect definitions, coupled with a "best interests" standard which at first seems to allow a fair and just resolution in individual cases, may in fact prove to be extremely unfair and highly dependent on *who* makes the decisions.

Rather than substantiating that point with stories of extraordinarily bad decisions, I'd like to refer to a study entitled *Factors Associated with Placement Decisions in Child Welfare* (Phillips, M. et al, 1971). Three very experienced child welfare professionals were independently given the files for 94 children in 50 families. Each was asked to decide if the child should be removed or whether in-home services should be offered. They agreed in less than one-half of the cases, and even more significantly, even when in agreement on the decision, they did not identify the same factors as determinant.

Obviously, there are also serious disadvantages to the application of precise rules. The very factors that make indeterminate standards problematic make the formulation and application of rules extraordinarily difficult. These factors include 1) our inadequate knowledge about human behavior; 2) our resultant inability to make accurate, generalized predictions based on past behavior; and 3) our lack of consensus on values.

It is therefore clear that some sort of balance between indeterminacy and rules must be found that will permit adequate protection of children while protecting the rights and interests of their parents.

Most of the system I am about to suggest is based on the work of Michael Wald (1975, 1976), with one major exception which will be discussed. The system is founded on certain basic presumptions. First, that state intervention into families should be limited to the minimum necessary to protect the child from specific and serious harms. Second, that the first priority of any state intervention must be the strengthening of the original family unit. Third, that children have a need for and right to continuity and stability in relationships, and that that right must not be subjugated to any overriding or impregnable right of parents to "ownership" of their children. Fourth, that agencies intervening in families must be held strictly accountable for their actions. Fifth, that any intervention must do more good than harm. Let us look at the proposed system:

1. The first component of a more equitable system must be more precise definitions of neglect. These definitions must not deal with the question of parental fault. They must instead focus on specific serious harms from which we wish to protect all children, and must be drafted in terms of symptoms evidenced by the child.

Intervention in a given case can then be justified on the basis of specific harms to be prevented or alleviated. Decisions on the forms of intervention can be arrived at by weighing those harms against the likely harms of the proposed intervention. (I won't go into specific definition at this point but suggest that you read Wald's (1975, 1976) articles on standards for intervention.)

2. The second component of the proposed system is a tightened standard for removal of a child from his home. Present standards almost invariably fail to require judicial evaluation of alternatives to removal; removal is permitted if a child is simply deemed to be at-risk. Wald suggests the additional requirement that it be proven that there are no alternative resources or arrangements that could safeguard the

child without removal. The agency requesting removal should very specifically justify that request. (While I haven't gone into it, I am assuming that both parents and child are entitled to independent legal counsel at all stages—in fact such representation should be mandatory for both.)

3. There should be a statutory right to visitation between parent and child, particularly during the shelter care period when it has yet to be legally determined whether abuse or neglect has actually occurred. Such visitation should be permitted at least weekly unless the court specifically finds that it would be detrimental or dangerous to the child. In addition, any transportation costs involved should be provided by the agency.

At present most agencies limit visitation, particularly during the first weeks or months of placement, both for bureaucratic convenience and in order to encourage the child's adjustment to his new home.

If our primary purpose is in fact to preserve and strengthen the original family, it is counter-productive to discourage the maintenance of parent-child ties (Fanshel, 1975, 1976). In addition, there is strong evidence that a child will adjust best to temporary placement if he is allowed to maintain as many ties to the past as possible.

4. Fourth, any disposition involving ongoing state intervention—but particularly the commitment of a child to foster care—should be accompanied by a very specific, goal-oriented plan for services. The plan should include detailed information on: a) the harms intervention is designed to alleviate; b) plans for alleviating those harms, including specific services to be offered, the providers of those services and actions the parents are expected to take; c) the estimated time in which goals can be achieved or the time it will take to know that they will not be achieved; and d) criteria to be used to determine that intervention is no longer necessary. If the disposition involves removal, the report should also include the reasons the child cannot be kept at home, the recommended placement, and plans for minimizing the negative effects of separation and for maximizing visitation.

By clearly defining the responsibility of the agency for provision of service, by making that service goal-oriented, and by clearly setting forth the criteria for return of the child, we would go a long way toward protecting the rights of the parents and the child.

5. The fifth component of this suggested system would be periodic court review hearings which should be mandated in all cases. Ideally they should be held every three to six months for the specific purposes of monitoring the actions of both the agency and parents, evaluating progress made with respect to the goals set, making any needed changes in service plans, and insuring that no child becomes lost in the system.

Reviews should never be allowed to become rubber stamps for agency decisions. They must serve as a mechanism for holding all parties accountable for active efforts to enable return of the child to his parents.

At this point I should add that I firmly believe that all children in foster care—even those voluntarily placed in care—should come under the court's jurisdiction within 30 to 90 days after placement. Accountability for goal-oriented services is just as important to the child voluntarily placed by the parents as to the child removed through coercive state action.

6. Sixth, if a child cannot be returned home within a set period of time, Mnookin and Wald, as well as Professor Randall McCathren (whom I'm replacing today) would mandate termination of parental rights.

Despite all that has been said about indeterminacy, neither I, nor most people who have worked on the proposed District of Columbia legislation, are comfortable with mandatory termination. We would take the less radical position of mandating consideration of termination after a given period and would add guidelines for the decision as to whether termination is in fact advisable. Such guidelines would focus not on parental guilt or failure, but rather on the needs of the child.

Specifically I would require that the judge consider all of the following factors:

1. The child's need for continuity of care and caretakers and for timely integration into a stable and permanent home, taking into account the differences in development and concept of time of children of different ages;
2. the physical, mental and emotional health of all individuals involved to the degree that such affects the welfare of the child; the decisive consideration shall be the physical, mental and emotional needs of the child;
3. the quality of interaction and interrelationship of the child with his parent(s), sibling(s), relatives and/or caretaker(s), including foster parents; and
4. the child's opinion, to the extent feasible, of his own best interests in the matter. (This language is included in legislation currently before the District of Columbia City Council.)

A factor deliberately not included is so-called "adoptability." It is my firm belief that there is no such thing as an "unadoptable" child. When an agency labels a child unadoptable, it is really saying that it cannot find parents for such a child. More accurately, it is saying that it will not expend the effort necessary to find, develop and support an adoptive home. Experience has shown that with appropriate recruitment, adoption subsidies, and adequate support services to the adoptive family, even severely handicapped teenagers can and have been placed.

A recent study of 90 public and private agencies in six states included a list of some of the special needs of children placed by those agencies (Ferman & Warren, 1974). The children included many over age 12, some as old as 17. Among the handicapping conditions of the children placed were: facial disfiguring; severe heart anomalies; pregnancy (one 15 year-old girl, one 16 year-old); hemophilia; cerebral palsy, epilepsy and retardation (all one child); muscular dystrophy; spina bifida; blindness; Down's Syndrome (mongolism); cystic fibrosis; severe disfiguring burns on face, arms and chest; and atrophy of the brain. Clearly parents can be found for children with severe special needs. It would be tragic if a child's possibility for a permanent home were cut off because a judge unfamiliar with today's adoption scene viewed that child as unadoptable.

A second factor not included is the actual provision of all appropriate services by the agency. While the protection of parents' rights requires that agencies be held accountable for provision of services, a child should not be held in foster care indefinitely because of the failure of the agency. After a certain period the child's need for and right to permanence must take precedence over the rights of the parents. Perhaps in

such cases damages should be assessed against the agency.

Finally, after termination I would mandate agency accountability for adoption services.

First, if an adoptive placement is not made within one to three months I would require listing of the child on all appropriate national, regional and local adoption exchanges.

Second, there should be ongoing periodic court reviews—probably every six months—until an adoptive placement is made. The agency should report to the court:

1. the extent to which adoption has been explored with the child's foster parents, and any reasons why adoption by the foster parents is not appropriate;
2. all adoption exchanges with which the child has been listed and the date of such listing;
3. limitations placed on families to be considered for adoption of the child; and
4. the number of inquiries and referrals of adoptive families from other agencies and the reasons those referrals did not result in an adoptive placement.

If the court should find that adequate efforts have not been made to find an adoptive home, or that inappropriate limitations have been placed on potential families, the court should be given the power to transfer the power to consent to adoption to any other licensed child placement agency. (Much of this language also appears in the currently proposed District of Columbia legislation.)

In summary, it is my belief that the rights of both parents and child can only be adequately protected in a system that:

1. limits state intervention into families to the minimum necessary to protect a child from specific harms;
2. holds the state strictly accountable for the decision to remove a child from the custody of his parents;
3. holds the agency accountable for provision of goal-oriented services designed to prevent or alleviate the specific harms that justified intervention;
4. with exception of cases of abandonment, does not permit consideration of termination until a period of time has elapsed during which services aimed at reunification of the original family are to be provided;
5. mandates consideration of termination after a set period if a child cannot be returned home;
6. set guidelines for the decision to terminate that focus only on the needs of the child; and
7. after termination holds the responsible agency strictly accountable for provision of adoption services to the child.

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Parental Rights And Civil Liberties: The Central Registry Of Abused And Neglected Children

summary of a paper presented by

Leila Whiting

Historically, the idea of establishing a central registry of abused children was born when the medical profession discovered abused children in the 1960's. Some pediatricians became aware of the problem and realized that they should suspect child abuse when a child had a history of injuries occurring more frequently than would be normally expected. It seemed useful, then, to devise a way of flagging children who were presented to the emergency room with repeated trauma or injuries; thus essentially the registry was to be a diagnostic tool.

When states began to pass laws requiring that suspicion of child abuse be reported to certain designated authorities, it was thought helpful to extend the idea of a hospital registry of injury to encompass the broader area of a whole state. What was not thought out carefully was the fact that if a physician called this central registry to enquire if a child had been previously reported as abused, then the doctor was already thinking the child was a possible abuse case. The doctor would, in fact, be looking for confirmation of his suspicion. However, almost all state laws require that physicians and other designated professionals report *suspicion* of abuse to those designated to investigate and confirm or rule-out such abuse. Therefore, an inquiry to the central registry becomes, in essence, a report of suspicion. The state laws are phrased such that it is not up to the physician to "diagnose" child abuse, but rather to only report the suspicion. Therefore, such a central registry cannot legally be used as a diagnostic aid.

In many states those who have access to the registry are those mandated to report suspicion of child abuse, which immediately raises the real spectre of invasion of privacy. In Maryland, for example, all citizens are "mandated" to report suspicions of abuse. In several states, only public welfare employees have access to the registry. The registry therefore becomes merely a central repository of the agency's protective service caseload, which may be a perfectly appropriate management service.

Over the years, the use of the central registry has continued in spite of the very real dangers to confidentiality. The issues of how and when to purge the register, or expunge the entries, have rarely been clearly delineated. This situation leads to grave potential dangers to individual liberty. A further recent elaboration of the registry has moved it into the realm of a management information system which monitors agency, worker, and community performance. In the recently published *Guide for State and Local Departments of Public Social Services on the Delivery of Protective Services* (U.S. Department of Health, Education, and Welfare) it is recommended that:

The State office should assume responsibility for establishing a statewide system for receiving reports of known and suspected child abuse and neglect incidents from all sources. The State registry can be used in the following ways in relation to the individual cases reported:

- To provide information to responsible professional persons on previous incidents involving any given child.
- To insure that investigation is begun within 24 hours.
- To review the appropriateness of cases being accepted by protective services.
- To ensure the development and appropriateness of the service plan.
- To ensure the 3-month case review.
- To review the appropriateness of case termination.

The State agency may also wish to use the central registry to collect and summarize information for preparation of the State agency's annual report and as a program monitoring tool. (Further information on the development and use of a State central registry as a monitoring tool can be obtained from the National Center on Child Abuse and Neglect, Office of Child Development, Department of Health, Education, and Welfare.)

Used in this manner, the central registry can be a powerful management tool for ensuring that cases are not lost in the system, and that protective services maintains its case management responsibility from the time of initial report until the family has been stabilized or the child's problem has been resolved in accordance with the alternative least detrimental to the child. (p. 13)

There is clearly a need for good management systems, for accurate data collection and for responsive services. Whether this can best be accomplished by a computerized system is open to debate, but to continue to call this a central registry is a misnomer. For such a management system, names and addresses of abused and neglected children and the suspected abuser and neglector are unnecessary. Codes will do the management job as well, thus removing at least one threat to confidentiality.

Conclusion

A central registry of abused and neglected children may be a threat to confidentiality and an invasion of individual privacy without the mitigating factor of protecting children. Children are protected by a prompt and vigorous human response to their plight, action which is unrelated to the maintenance of a central registry. Further, an effective management and supervisory system is mandatory, but should be clearly defined and identified, and not mis-named a "central registry" of abused and neglected children.

Reference

- U.S. Department of Health, Education, and Welfare. *Protection services for abused and neglected children and their families: A guide for state and local departments of public social services on the delivery of protective services*. Washington, D.C.: U.S. H.E.W., SRS, PSA, (SIRS) 77-23042.

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Foster Care—Permanent Planning

remarks of

Victor Pike

The Oregon Project

Let me give you a bit of background about why I'm here and how I got here. I'm a line-level kind of person, I'm a case worker. In Oregon several years ago we became concerned about the kids who were being raised in foster care. Our primary concern was about how they were turning out.

Our first step was to examine how we could improve foster care. The foster care program, as it stood, was not bad in Oregon but there are certain inbuilt limitations and pitfalls in foster care that obviously cannot be eliminated. These factors include security problems, the kids' identity problems and transiency. Kids get moved around from home to home and foster care becomes a way of life for them. Kids get moved out of foster homes for various reasons: the grandmother comes home and needs the bedroom, the foster mother goes to work or the foster father gets transferred out of state, there is illness in the foster family, or marital problems. Perhaps there is a divorce, it is unusual to find foster parents in court fighting over the custody of their foster children. Frequently what happens is that the child reaches adolescence and starts going through the normal problems that adolescents have and it's simply easier as a foster parent to get rid of the child. We often see placements of long duration end under these circumstances. I think we can plainly see the difference between foster care and the child's own home.

Thus, we began to look at how we could handle the interminable limits in which these children seem to find themselves. One of the obvious places to look was termination of parental rights. We went to the Oregon courts and had some mixed luck. We had a rather inadequate statute at that time which we managed to have revised in 1973. The courts were uncomfortable with termination, judges were often reluctant to make decisions and we didn't know how to prepare cases though we brought them into court anyway.

In determining which cases were appropriate for termination we applied a three-point screening criterion as follows:

1. The child had to have been living in foster care for more than a year. (Here we were primarily looking at backlog cases.)
2. It had to be unlikely that the child would ever return home.
3. The child had to be adoptable.

We weren't long into the project, however, when we began to find parents who had been gone for years. We located them and began to offer services—the kinds of services for lack of which the family had disintegrated in the first place. By the end of the first year we were seeing children going home in really surprising numbers.

The cases we were dealing with in these instances were cases where the worker had originally deemed it unlikely that the child would ever return home. In our review procedures, we emphasize a thorough investigation of the possibility for

the child's return to the home. Too often workers overlook that possibility. They must look at the biological parents and examine the severity of the problems and they must question the quality of the foster care.

Let us look at an example. In our screening effort in one Oregon county we came across the case of an 8 year-old child who had been in foster care for six years. He was a normal child and the foster parents were good, average foster parents. The biological mother was a World War II war bride brought to this country by a serviceman. Two years after the birth of the child the father was sent to state prison and the child was put in foster care. After that, the agency never bothered to involve the mother very much. She had a language problem and was also under the illusion that one really doesn't thwart the wisdom of the state. At our urging a worker went to the mother and asked her if she wanted her child back home and the mother answered, "Well certainly, I always have." In the six years her child had been absent, she had remarried and had two more children. It was a good situation and in six weeks the child was back in the home. That child was in foster care limbo for six years, while the father who had caused the disintegration of the family was long gone. Incidentally, that case cost \$17,000 in foster care.

In sum, as we began to get services to parents we found that the project we were working on was truly a permanent planning project rather than a termination of parental rights project. The final statistics on the project, after three years in which we dealt with approximately 500 children, indicated that 27% of the children returned home; 52% moved into adoption either through voluntary release or termination of parental rights in the courts; 8% of the children went back to long-term foster care; 3% went to relatives and about 10% of the cases were unresolved. Part of that last 10% were cases where children were in what would technically be permanent plans and probably the best we could arrange at that time—but the situations were not ideal enough to really consider the case closed.

We had two outside contracts. One was with the Regional Research Institute (I was, at that time working for Oregon Children's Services Division) and they did the third party evaluation effort. The second contract was with the Metropolitan Public Defender's Office in Portland for the services of a full-time attorney, a couple of para-legal people, and a couple of law students who all represented the children—not the project or the agency, but the children.

We went to great lengths to establish the legal independence of that attorney. In fact, we even wrote in our contract with him that he could use the contract money we gave him to sue us if he thought it was in the best interests of the client he was representing. Our contract with the Public Defender was a valuable one. Very early on we felt the absolute necessity for legal representation of the child . . . it is especially important that children have attorneys in the appeal process. In the first case we had where the judge made a decision we felt was adverse to the child, the child's attorney appealed. The Court of Appeals reserved the decision of the judge in the lower court and thereby made a termination. The posture of the judges changed dramatically after that case. Previously, they knew that if they denied a petition they were home free. Now they realize that if they grant the petition the parents can appeal . . . and if they deny the petition the child is going to appeal. This situation makes them take a long hard look at the statutes, the case law, the entire due process proceedings and

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consequently they now make some very astute decisions.

We had caseloads of 25 in our project. I didn't want to settle for that high a caseload. My prior experience had been that caseloads of 15 were more realistic—we certainly have the data to demonstrate that now. However, at the time, the state administrator thought the lower figure would be padding things a bit. It really is not an unaffordable luxury. For the average case in the project, the child had been in foster care for 54 months. I did a survey in the winter of 1976 of all closed cases in the project and at that point the case life expectancy was about seven months. I expect that will eventually level out to about one year. Obviously, in this kind of a process involving intensive effort there is going to be a high case turnover and in the long run this has implications for staffing.

Just one comment about costs (though as a social worker I'm not concerned about costs, rather I'm concerned about the appropriate plan for the child). Our project cost \$.8 million dollars for three years. The total cost of the project was paid for four months after the project ended (January 1977) out of foster care costs which were saved by sending children back home or into adoption. We went to the Ways and Means Committee of the Legislature last summer to ask for money for evaluation and program continuation after the federal funding ended. Despite the fact that we had been told previously that there would be no money, we were granted everything we asked for. This occurred simply because we had cost-effective figures nailed down in very precise terms. We had a cost analyst testify who showed in black and white that regardless of whether you feel good about kids or not, this was a cost-effective program and the Ways and Means Committee granted the money. I ought to say that the days of the 1960's are gone forever. In those days we went into the legislature and said, "Well, I have this warm feeling in my tummy about children, give me a lot of money, don't ask me questions." Today we need precise data and a cost-effective package.

We prepared some written materials as part of the project including a permanent planning manual for caseworkers, a legal manual which is primarily for judges and attorneys, a case log, and a fill-in-the-blank petition.

The permanent planning manual grew out of a concern that there are caseworkers who sometimes do not have adequate supervision. In such instances workers need something to turn to and so I wrote a case book manual. It is a very practical daily primer, cross-referenced, in outline form and includes flow charts. Each chapter indicates where you are in the flow chart process and indicates where the particular problems which are likely to appear in any case are discussed in the manual.

The legal manual is still under development by the attorney from the Public Defender's Office. Although it is intended primarily for judges and attorneys, there obviously is a lot of cross-fertilization which can go on between this manual and the permanent planning manual and between the legal and social work community.

The case log grew as the project grew. When we started there were about 10 appellate decisions in termination matters. (More than half of them had been reversed which did not set a very good climate with trial court judges. We now have about 43 decisions.) We made an arrangement with the clerk of the appellate court to send us copies of all decisions. The manual includes all the cases, summaries of the cases and an index which allows you to compare your case to the legal precedents. The case logs are given to the prosecuting attorney,

the children's attorneys, the defense attorneys (parents need the best counsel they can get) and judges have even asked for them. This was something we were not obligated to do. However, before this log was compiled an attorney had to learn the case law and do research at the law library. Now, because we can give him all the information between two covers, he saves an enormous amount of time and can get things rolling right away.

We also drafted a fill-in-the-blanks petition. While I firmly believe that social workers should not draw petitions in most cases, there are certain circumstances where it may be necessary, as for instance in situations where recalcitrant assistants won't entertain petitions. In Oregon we have a provision that any person may file a petition. Although it's politically loaded to do this, in those rare instances where it is necessary, we devise our own petitions and file them. Once there is a judicial determination we simply circumvent the district attorney or whomever is obstructing the process.

Permanent Planning Requisites

There exist a number of model termination statutes. As we review statutes around the country we find that probably the most general problem centers upon the issue of vagueness. This came to a head in the case of *Alsager vs. The District Court of Polk County, Iowa* in 1975. The Third District Court of Appeals for southern Iowa heard the case and decided that the Iowa statute was unconstitutional on grounds of vagueness. I think that's a general problem. About 15 years ago, before the Federal Supreme Court's decisions on juveniles, the idea of having a vague statute to allow the maximum amount of discretion for the wisdom of the judge was *avant garde*. However, with the emphasis on civil rights and a more precise legalistic approach (which I think is good), the need for specificity became apparent.

The Oregon statute is not a model but, nonetheless it has worked fairly well in approximately 95% of the cases. That statute is specific: it talks about mental illness, emotional illness, mental incapacity, alcoholism, narcotic addiction, child abuse, desertion, etc. Not only does it meet the constitutional requirements but it gives social workers guidelines and it gives judges very precise guidelines. This is a boon in situations where the judge is hesitant about making decisions. If the judge sees the criteria right in the statutes and he listens to the evidence and it meets the demands of the statute and the petition allegations are sustained, then the statute gives him the courage to make some decisions he might otherwise not make.

In looking toward permanent planning, there are four basic criteria which any community must meet.

1. There must exist a legal framework for permanent planning. This means there must be laws which permit termination, there must be adoption laws, and there must be statutes which allow for money to be appropriated to the agencies which hopefully will provide the service.
2. There must exist an administrative mandate from the agencies which stipulates that foster care will be considered a short-term treatment modality and not an end in itself. The state administration must be in accord with that philosophical approach and support the program from the beginning. (My first formal contact with the state office did not occur until after the federal grant was awarded. We had made several attempts to engage them early on but it was only after the funding that they expressed any interest in meet-

ing with us. The entire first year of the project was spent simply spinning our wheels in an effort to find an administrative niche, bring the state on-board philosophically and get the program started. It was a terrible handicap. There are some states where the system is really closed, they are not interested in this kind of approach and in those states it is not going to succeed.)

3. Social resources to treat the parents must exist. This means a wide variety of community resources, not just clinics and group treatment facilities but also psychiatrists and psychologists who can do evaluations and are willing to come to court.
4. The line staff must be well trained and capable. They must be able to carry out the real essence of the program which means alacrity in dealing with cases. There are many agencies which still have a so-called cooling-off period where the child comes into shelter care and the parents are not allowed to visit for four to six weeks. This policy is purportedly predicated on the idea that the child needs to "settle-in." In reality it is simply a convenience for the agency. Furthermore, it generates and sets the stage for limbo right at the beginning. The parent ought to be there the next day, if possible, and visit steadily during the following weeks.

There are real merits in visitation from the outset. Frequently we are dealing with people who are really inadequate and who are often also afraid of the system and don't know how to enter the system. Consequently, it is not hard for professionals to keep them at arm's length. However, if we don't involve parents and we let two or three years go past, the foster parents may become possessive of the children. That is fine if the child is going to remain in the foster home as their child for the rest of his life. However, three years later, if you decide that perhaps there is a chance that the child can go home and you want to initiate visitation, the foster parents get very upset. The child is brought back wet, sick, and dirty, upset, obstreperous, etc. and the foster parents ask for the removal of the child.

Placement Alternatives

A child in foster care has three options. The first is to return home. The prime win in any effort is for the child to return home. The second option is termination and adoption. The third option is long-term foster care which is formalized in some fashion. There are those cases where this last option is the only option as the child can never return home and, for whatever reason, is not adoptable.

In the latter cases we try to involve the agency, the foster parent, the child if he's old enough, and the biological parents if they are not antagonistic to being involved. The agency has an obligation to agree to certain guidelines. The foster parents must be reassured that the child will never just capriciously be removed from the home. In the unusual circumstance that removal does occur, the decision will be administrative. There will never be a unilateral decision to take the child out of the foster home. The foster parents, in turn, should also be aware that they are expected to raise the child and not ask for removal unless the circumstances are such that their own children would have to move out of the home. The biological parent should understand that the child will not return home and that he will remain in the foster home until he is emancipated. The biological parents should also be assured that they will continue to be the legal parent, that the child will carry

their name, that they will be involved to the fullest extent possible in the decision-making, that they have a right to reasonable visitation and that they will not be brought back into court for termination proceedings. We have had a significant number of biological parents come back to us weeks or months later and acknowledge that permanent foster care is good for the child and good for them too. They know where they stand and they know that the child will be well-cared for. This allows these marginal people to go on about the business of simply managing their own lives rather than worrying about how the custody of their child is going to affect them.

Due Process of Service

We are normally obligated and should be statutorily obligated to provide due process. Even if we decided we didn't want to, the right-to-treatment cases now coming into the appellate courts are going to force us to provide due process. We must make sure that there is no parent who does not receive immediate and adequate services to rectify the problems that got the children into foster care in the first place.

Determination of Placement

An important tool to use is the concept of minimum sufficient level. What is that minimum sufficient level of functioning below which a parent really can't have their child but above which they have every right to keep him? It's got to be a low level. In this situation we're not talking about the *best* plan for the child. That approach has the potential of threatening all of us. If the experts in Oregon looked at my family and my children and examined them under a microscope they might well say that there is another family down the street that's better able to care for these children than I am and that threatens my rights. We are dealing here with the idea of the parents' right to their children and vice versa—if the parents can provide, the child has an absolute right to his own parents. The standards of minimum sufficient level are set by community standards and vary from place to place. In addition, minimum sufficient level must be tailored to apply to the particular situation of the child. For instance, you may have a parent who can care for a conforming, placid child but cannot care for a 6 year-old hyperactive child. Minimum sufficient level must be argued in context; I think that some parents are one-child parents or two-child parents, they may not be six-child parents. We have terminated rights on one child when there were two other children in that biological home. We had no intention of removing the other children—they were doing fine there but the problem with the one child precluded his being returned to that home.

Decision Making

We always use multilateral decision making. In a matter of this seriousness there should never be unilateral decisions. Often workers express the fear that they can't make the necessary decisions, they can't play God. They should not have to. A contingent of people, hopefully a multidisciplinary group, should be called in. Frequently we will have conferences at opportune times which involve the district attorney, the child's attorney, the parents' attorney (if you can bring them in—we're not doing anything clandestine or illegal), psychologists, mental health workers, juvenile court workers and children's services people. Often these conferences are laced

with anguish as each person offers input as to how he sees the situation. However, when a consensus decision is finally reached as to which way the case should go the possibility of bias and error is diminished. This kind of decision making also removes the responsibility of any one person having to make this very heavy decision.

Voluntary Release

We always offer parents the opportunity for voluntary release. It saves time, though this is not the real issue. It is much more humane and it costs less any way you want to look at it. But perhaps the most important part is that it gives the parent an opportunity to participate in the future of his child. Talking about voluntary release with parents is sometimes hard for staff. It is almost embarrassing, the staff keeps waiting for that opportune moment (generally regarded as the moment when the client brings it up himself). However we have found that when we bring this up early in the game, parents (particularly those with older children) simply are not even aware that they can release children. They know that unwed mothers release infants but they do not know it is possible with a 6 year old. Very often a child will move into adoption through the voluntary release process.

Approaches to Cases

Cases generally fall into one of three categories: the absent parent, the parent with a condition, or the parent with a conduct problem. These are not always discrete categories but they are adequate for purposes of explanation.

In cases where we discover the *parent is absent* we immediately initiate a search. If the parent of a child in foster care misses a visit we immediately begin the search. This is important for several reasons. If the case ends up in termination court after the statutory time limit has elapsed it is much better to have done a year-long, consistent search than to have engaged in a last minute, high-impact effort. Longer search gives the parent a chance; it makes a more cogent court case and it insures that all the constitutional issues are considered.

The search is a clerical task, it need not be done by a social worker. My secretary was responsible for this task during the Oregon Project. The case records are combed for any information on neighbors, friends, labor unions, medical history, past residences, and criminal activities. For instance, if a parent once lived in Billings, Montana and has a history of mental illness, the psychiatric hospitals in Montana should be contacted. Rap sheets are obtained from the F.B.I. As many as 20-40 registered letters to be signed by the addressee only are sent out. To help the district attorney and the judge later in the process, a record of the search is kept. In Oregon, an affidavit of all search efforts is required. If the parent cannot be found the judge reviews the evidence and orders service by publication as opposed to personal service.

If the parents are located through a search, under certain circumstances we will conduct an evaluation at that point. For instance, if the system has done badly by the child and he has been shifted from home to home and has no psychological parent ties then we will do an evaluation. We have had cases where, even though parents have been gone for several years, the evaluation we conducted after locating them indicated that the situation could be brought above minimum sufficient level. Under these circumstances, children can be returned home.

On the other hand there are some cases where, for example,

a child has been in the same foster family for four of his five years, the parents have been gone for three and a half years, the child doesn't know them, he is well-integrated into the foster home and the foster parents want to adopt. In those cases we are not concerned with how well a biological parent can perform as a parent because at that point he is a stranger to that child. In such situations we fall back on psychological parenthood and we'll simply proceed with termination proceedings.

I'd like to comment briefly on psychological parenthood. I'm afraid of that concept because within it lies the potential for misuse. A capricious social worker may have a small child in foster care with a set of foster parents whom he likes and who want to adopt the child. By holding the biological parents at arm's length until the statutory time has elapsed for a desertion, the worker can claim psychological parenthood and proceed with the termination process.

Situations like that can be avoided by offering the parents the programs they need to resolve their problems the instant the child enters foster care. This is particularly true where very small children are involved. We can do much to resolve these situations by quickly offering services before psychological parenthood is established.

The second kind of case we look at is one which we call a *condition*. This is a case where there is a clinically diagnosable condition, for instance: mental illness, emotional illness (such as a sociopath or a clinical disorder), mental retardation, alcoholism, or narcotics addiction. In sum, we look at any kind of condition that an evaluator, or preferably a group of evaluators, sees as a condition which is chronic and that actually precludes the possibility of the parent being a parent. From this evaluation we expect a diagnosis and prognosis which can be used as expert testimony in court . . .

There are, however, some few cases where you don't want to wait for the condition to be damaging to the child before you act, where you need only demonstrate a strong likelihood that there will be problems. An extreme example would be the case of an insane mother: We had terminated on her other children. She was in and out of mental hospitals. During one period of hospitalization she became pregnant in the bushes and gave birth to a child. She was discharged shortly thereafter and rather than wait until she demonstrated that she couldn't care for the child (she could easily have killed the child) we terminated before the damage was done on the basis of the doctors' diagnosis and prognosis.

There are instances where a parent refuses to be evaluated and the court will not order a psychiatric examination. In such cases we can use what is called a hypothetical diagnosis. If the condition of the parent is so bizarre that it is observable in the community, we can bring witnesses into the court room who offer lay testimony as to the parent's actions. Psychiatrists who have never seen the parent before listen to the testimony and then as expert witnesses they are asked to give their diagnosis and prognosis. Thus it is possible to terminate without ever having had a formal examination.

I would like to comment briefly on evaluations and examinations. Psychiatrists and psychologists who do evaluations are often asked to testify in court and this sometimes poses a problem for them. Everything goes fine until we ask them to go to court and probably the underlying reason is that they are scared of the court appearance. A doctor is accustomed to feeling in control in his own territory. The opposing attorney is in control in the court situation and has a leverage over the

health professional which makes him uncomfortable. I have testified hundreds of times and I still feel uncomfortable under cross-examination, no one enjoys the disparagement, discredit, etc. In order to persuade doctors to testify it is often necessary to appeal to their social conscience. It is also necessary to prepare them for the court experience through briefings, meetings with the prosecuting attorney, etc. Further, doctors must understand that once on the witness stand they cannot equivocate but rather must remain firm in their beliefs about what is best for the child. Doctors sometimes feel badly about recommending termination but a few good experiences in seeing kids move into perfect plans can elicit the help of the doctors so that they will be our friends and come to court.

There is, of course, the question of doctor/patient privilege. There are those that feel it should not exist in termination proceedings. I don't agree because I think that somewhere in the treatment system there must be someone to whom a troubled parent can speak knowing that the information is confidential. However, this does not inhibit our process because in those circumstances where the parent needs traditional psychotherapy we can arrange for an evaluation by a third party. The third party can make an evaluation before treatment begins and again at a later point and that information can be used in court. There is no reason to touch the material intrinsic to the treatment situation.

There is also the issue of whether constitutionally a court can order a psychological or psychiatric exam particularly in terms of the Fourteenth and Fifteenth Amendments. However, I think it is important to consider the fact that in some kinds of cases the court can order an examination, for instance in accident damage suits. There are also civil commitment proceedings where people are ordered to undergo psychiatric examinations, thus there are some precedents in civil court for this. I think that when there is a third party (the child) whose future depends on an evaluation, then probably the right of the court to order an evaluation preempts the right of the parent not to be evaluated.

People frequently ask how we can pay for psychiatric aid. There is no pat answer. It is possible to use a variety of sources: Title 21 monies, occasionally Title 19 medical monies, departmental administrative medical monies, court fees of juvenile departments and of course charitable organizations can make contributions for this purpose.

The third area we look at is called *conduct*. Here we are usually dealing with the familiar multi-problem family. We examine marital problems, psychiatric problems, employment problems, financial problems, transiency, drug problems, criminal activity, etc. No one of these things in and of itself would create a termination case but it can happen that where there exists a collection of such problems the total impact is such that the parents are really below the minimum sufficient level. Generally, however, we examine the problems and try to find solutions so that the child can remain with the biological parent. We set up expectations, a structure and a time frame for meeting the goals. We tell the parents that although there exist serious problems in the family we are going to try our very best to get the child back into the home within a reasonable period of time. However, we also make it clear to the parents that if they do not respond to the help offered we will turn the case over to the court for termination. We do not say this as a threat but rather as a warning so that the parent is aware of the situation.

We have made very good use of review hearings in conduct

cases. Every three to six months we will bring the case back to court. This gives the parents and the social service agency an opportunity to formally say what they have done and to air any problems. To some degree, this also acquaints the judge with the case. Where termination proceedings are actually adjudications (in other words, new allegations are made and new results are sought) the judge cannot be prejudiced by prior information and the review hearings are not an aid. However, if the case is considered a disposition and the judge is making a final decision after the child has come under the jurisdiction of the court, the review hearings can be quite useful. The judge can have prior information in these cases and this makes his decision easier. If he has seen the family in court several times over the period of a year, he can see the progress or lack of progress and is therefore more emotionally comfortable about making a decision.

A second worthwhile strategy in conduct cases is the use of written agreements. These are drawn up between the parent and the worker who is responsible for coordinating the treatment plan. A written agreement must be reasonable and take into consideration the capabilities of the parents. The expectations must be germane to the issue of parenthood and not drummed-up exercises. Once a month the agreement is discussed and updated with the parents. It is updated on the basis of mutually discussed successes, failures, new factors, etc. It is not a legal document. However, when we go to court with a parent who has consistently fallen through in the agreements they have made, it does become a factor that can support the failure of a parent to perform.

The written agreement covers many issues, let us look at a few:

Visitation Rights: As a general rule, visitation should be as intensive, involved and frequent as the child can tolerate. Obviously, having the child at home three days a week and back in foster care four days a week is absolutely contraindicated as the child won't know where he belongs. However, a reasonable amount of visitation is valuable. If a parent is really destructive, visitation can be structured. Visits cannot be completely cut off as that is a *de facto* termination without due process but it is possible to set limits. Visits can take place in the office once a month under supervision. The parent can be told that there are certain topics that are off-limits such as a new lover, the fact that he/she got beat up last week, how drunk he/she got over the week-end, the fact that she is going to get married in three weeks and bring the child a new daddy, pony, farm, lake, etc. The parent can be given guidelines for appropriate topics: the weather, a recent fishing trip, birds, flowers, etc. The worker can inform the parent that a violation of these limits will end the visit.

Self-improvement: There are many parents who are functioning below minimum level because they simply don't know how to function better. The worker should be very supportive of the parent and encourage job training, mental health care, marital counseling, parenting classes, etc. In such instances, the worker should serve as a broker for community services rather than a psychotherapist. The worker should survey the resources in the community, identify those that are salient to the needs of the client and act as a facilitator. The worker can be the client's organizer. His role encompasses making referrals, providing transportation and keeping the client going rather than providing the actual treatment.

Housing and Housekeeping: Here we are not referring to dust balls on the floor as in the old welfare days. We are talking about no windows, no heat, leaking roofs, toilets overflowing for weeks, open cans of molding food, human and animal feces all around, etc. To be a factor, housing and housekeeping must be a potential detriment to the child's health. The public health nurse, sanitarian and fire marshal can be brought in. When they say the child is vulnerable to typhoid, hepatitis and impitigo the worker can stipulate that the house must be cleaned or better quarters must be found before the child comes home.

Co-habitation and Sexual Indiscretions: I broach this topic at the risk of having you throw tomatoes at me. I think half of the social service staff in Oregon are co-habiting without benefit of the law. I once sat through a court of appeals argument and realized in the middle of it that the presiding judge was living with a woman with whom he was not married. Obviously, that issue is not going to go into a petition. However, if a woman (it could be a man) has a string of males through the house, a different one every week, it is detrimental to the child. He doesn't know who his daddy is and isn't sure if this man is going to stay or leave. I think that we can ask a parent to stabilize such a situation into some kind of lasting relationship if the children are to be returned. If a mother has intercourse in front of her children we can be very firm and tell her that if the behavior does not stop the children will not come home.

Maintaining a relationship with the child: There are certain civil rights with which we cannot get involved; we can't order marriage or divorce and we can't order people to live in any particular place. However, if a parent chooses to live out of state you can tell the parent that will be a hindrance to getting his child back. One of the stipulations can be that the parent re-establish a relationship with his child and that is difficult from a thousand miles away. You can tell the parent that a job in California may be important but that leaving will have an impact on having the child returned home.

Non-issues: Homosexuality is certainly not a civil rights issue at this point. Lifestyle, communes and so on are not issues unless they can be demonstrated to have a direct detrimental impact on the child which is serious, traumatic and going to leave permanent damage.

We are terribly out-front with parents. Typically, a permanent planning worker will say to the parent, "Johnny has been in foster care for a long time. I've reviewed the record, talked to other people and things do not look good. Our prime goal is to have Johnny return home. I'm going to do my best to get him back but if he doesn't return then we are going to talk about going to court. You must make an effort." It may sound like we are trying to rehabilitate on one hand and destroy the family on the other—it's as if we were wearing two hats. However, both the delineation of what we intend to do and the warning have had some really good results.

We have had parents come back to us later and say, "You know this was the first time in all our years in dealing with the system that someone sat down with us and said, 'Okay, here are your problems and here's what you need to do to resolve them and we are going to help you.' It's the first time anybody ever said that to us and we really appreciated it." We get this response particularly from parents who have had children come back home. We also have had parents who have come back

after terminations and said "We messed around and we knew this was not good for the kids and it was not even good for us and you gave us a fair chance and we didn't make the grade and it's good that this has turned out the way it has."

It should be pointed out that there are many cases where the psychiatrist has asked that a termination plan be stopped, pointed out strengths and suggested an approach which will allow the child to return home. It is out of this group that the greatest number of our children have returned home. This is an indictment against the system. As far as I'm concerned, the social service system has neglected the parents by not providing them with the services they need. Only when there is consistent failure over a period of one year to a year and a half should we consider termination of parental rights.

Out-of-State Parents

Out-of-state parents can be a problem. Very often we must rely on our sister agencies in other states to do evaluations, etc. and frequently these requests go to workers who are already over-worked. In these situations the results are directly correlated with how much information you can provide and the specificity of your request. You must delineate your needs: "We need an evaluation of housing, employment, parenting skills, marital relationship, psychiatric status, etc."

Telephone contact is very important. More can be done to establish an emotional identification between the worker in the other state and the child's plight through a ten-minute telephone call than through ten letters. Telephone contact also facilitates the essential task of checking-up to make sure that progress is being made.

Parents in Prison

Parents in prison are a problem. Where the case falls into the conduct category, it will obviously be impossible to structure a treatment plan within a prison. Nevertheless it may be possible to enlist the help of the prison psychologist. It should be remembered that imprisonment is not the issue. The Oregon statute does not have a provision which deals with imprisonment and termination. I think that is probably just as well: the real issue is the possibility of a good relationship with the child. If the parent is chronically outside the law, you may be dealing with a sociopath which would be a condition case and being in prison would not be the relevant issue.

Biological Parents

There are instances where the mother cannot have the children in the home and the biological father has gotten involved, gone through paternity proceedings, entered a treatment plan when necessary and taken the children. On the other hand, many fathers are not interested and they can be asked for a release. Often when a father is hesitant to sign a release we ask for support money and the hesitancy suddenly vanishes—suddenly they are very ready to sign a release. There are some biological fathers who are aware of legal matters and are hesitant to sign a release. They feel that by signing they will be admitting paternity and if the anticipated adoption falls through they are afraid that the state will ask them for support. In cases such as these release papers which do not admit paternity may be arranged. One such arrangement is similar to a quick claim deed in real estate. I can deed to you the Eiffel Tower, it doesn't mean I own the property but

rather indicates that if I have any interest you may have it.

We sometimes run into a situation where the biological father is not the legal father. This situation arises where a married woman, separated but not divorced from her husband, has a child by another man. In Oregon, if the woman releases that child the husband has legal rights to the child even though he is not the biological father. Thus, the rights of the legal father as well as the biological father must be taken into consideration. If we can find him we will ask him to relinquish his rights. Surprisingly, there are situations where the legal father will not sign a release and for one reason or another wants the child. When this is not an appropriate solution we can go to court with an affidavit of non-paternity whereby the mother tries to prove that the legal father is not the biological father. If the court establishes that this is the case, the rights of the legal father are nullified.

Some states do not make any distinction between the legal father and the biological father and I agree with that approach.

Foster Parents

There are many cases in which a child moves out of a foster home into an adoptive home or back to his own home. The foster parents often need help in dealing with this drastic change. The loss of the child may mean tremendous anxiety to the foster parents. We do foster parents a terrible disservice by leaving children in their care for prolonged periods during which time close ties develop. We need to resolve new cases with alacrity and in backlog cases we need to spend a great deal of time helping foster parents through the trauma of departing foster children and helping them understand the efficacy of that particular decision.

It should also be noted that if a child is to make a successful transition into adoption or back to his own home he must have the support of the foster parent. If the foster parent is reluctant to agree with the permanent plan, that message is going to be transmitted to the child and it is going to be almost impossible for that child to make a move.

Adoption

Termination of parental rights should never be considered without adoption as the final result of the plan. The goal is to try and provide security and identity for the child. Where rights are terminated and the child is *not* placed, the result for the child is the ultimate in legal limbo. I will always remember with real feeling the case of a young girl in court on a disposition matter. The court attorney had custody of the child. The judge became confused as to who was who and turned to the girl and asked, "Now, who is your father?" She looked around and finally turned to her attorney and said, "Well, I guess Mr. White is my father."

I'm not going to dwell on adoption because it varies so much from state to state. However, I would like to point out that workers sometimes overlook the possibility of foster parents adopting. Sometimes foster parents do not realize this is a possibility. In fact, many older children and hard to place children have been successfully adopted by foster parents.

In Oregon we have what is called the Foster-Adopt Program. This program is used in situations where it is very likely that the child will be relinquished but where it is also likely that the termination process, for any number of reasons, will be very lengthy. In these cases the child is placed in a home that has been studied as an adoptive home. It is subsequently cer-

tified as a foster home. Until adoption proceedings can begin the child is legally in foster care. This ameliorates the effects of legal limbo on the child and the prospective adoptive parents also have the benefit of starting the relationship as soon as possible. However, we are very frank with the adoptive /foster parents and explain that although the likelihood is that the child will be freed, there is a chance that the termination will fail. We say that it is highly improbable that the child will be returned home and ask that they be willing to raise the child as a foster child if the termination fails and adoption is then no longer an option. We have used this program in approximately 40 cases and in the final analysis only four have not gone into adoption because of the failure of the termination proceedings. The child was actually returned home in only one of these four cases.

Termination: The Context

Before examining the legal intricacies of termination I would like to comment about the procedure in general.

Obviously, the idea of terminating to make cases easier to manage or to get obstreperous parents out of your hair or to make foster parents happy is terribly unethical. Those are insufficient reasons for the termination of parental rights. By the same token, however, the old argument that a bad parent is probably better than no parent at all really is specious.

Termination proceedings are terribly time consuming. They are also emotionally difficult for everybody involved. I have probably sat through 400 termination proceedings but I have never sat through one where a judge irrevocably terminated a parent's rights and where I have not deeply sympathized with the parent. I don't care how much a parent has failed or how atrocious their behavior has been. To see a parent lose their child forever is a traumatic situation. I may be totally convinced that the termination is right but I still have that reaction.

Termination cases are very time consuming for attorneys. Furthermore, the termination of parental rights is one of the heaviest decisions the judge ever makes. He remands kids for the adult court, he commits them to the state training schools but when he irrevocably terminates parents' rights he is making his most difficult decision. I've had judges admit to me privately that they hate these cases. We must take this into consideration. We generally assume that a judge who is hearing his first termination case will deny the petition. He can't do anything else, emotionally he cannot bring himself to do anything but deny the petition. We allow the judge that position, that consideration, and simply bring the case back a second time.

Termination: and Child Abuse

In the Oregon Project we had only one or two cases which were terminated on grounds of child abuse. It is very difficult to terminate on the basis of abuse because regardless of how heinous the crime, how atrocious the behavior of the parent toward the child, the real issue is whether or not it will occur again. The professionals who have to prognosticate are in a dilemma as they often feel unable to definitely predict whether abuse will occur in the future.

Very often in abuse cases the children are placed in foster care and the parents go through various kinds of treatments. The parents smilingly perform the obligations of the treatment plan and after a year request the return of their children. They say, "We have done everything you have asked, a year has passed and now we are not abusing any children." And in-

deed they haven't—they haven't had any children at home to abuse. The courts are in a difficult position at that point to deny the parents custody of the child and the children are returned.

The difficulty of prognostication in abuse cases can be ameliorated by the multilateral decision making discussed earlier. A group of competent professionals should make a consensus decision as to whether or not an abused child should be returned home.

Three years ago we brought a termination case which was based on abuse before a judge who felt there were not grounds to terminate, he felt there were practically no grounds to even place the child within the court's jurisdiction. He returned the child home and three months later the child was brought to the hospital dead as a result of malnutrition and dehydration. I took that message to the judge and he was speechless. Later we talked and he asked me, "How could I have made that decision?" The judge should not have been able to make that final decision. It should have been a group decision.

It is very difficult to compile evidence in abuse cases. Abuse generally occurs in the privacy of the home and parents often cover for one another. It is hard to establish sufficient abuse evidence in court. However, it is important to remember that there are different standards of proof in criminal court as opposed to civil court. An abuse case dismissed for lack of evidence in criminal court may not necessarily fail in civil courts. Termination proceedings are heard in juvenile courts and this is usually a *civil* rather than a criminal proceeding. Therefore, evidence that will not stand in criminal court may in fact be sufficient in a juvenile court.

Termination: Preparing the Case

If a worker is looking at criminal activity in a potential termination case, it is often very helpful to obtain an F.B.I. rap sheet. The rap sheet lists arrests but as under our system a defendant is innocent until proven guilty, the arrests are not sufficient evidence in court. It is necessary to also obtain a record of convictions. The rap sheet indicates the geographical area in which arrests and criminal activity occurred. By writing to the clerk of the trial court in that area it is possible to obtain copies of convictions. These copies should be certified so that they can be directly entered as evidence in court.

The certification of the conviction record is only a small part of the documentation which must go on throughout the process. I cannot overemphasize the need for documentation. I am not talking about the old hearsay rambling narrative that used to go on in welfare records. Documenting consists of a running chronology of all the workers' activities and it must be detailed. In the Oregon Project, workers documented every contact with the case. If the parent came in for an interview the worker recorded the date, the time, the place and the topic discussed. After the interview the worker frequently wrote a letter to the parent summarizing what was discussed and any agreements reached. In some cases, the letter is sent by registered mail and in all cases a copy is kept in the record. The worker usually keeps a notebook with handwritten notes of any activity on the case: telephone calls, contacts with mental health clinics, psychiatrists, courts, etc.

Workers frequently complain of the tedium of this record-keeping and object that it is not social work. However the information is invaluable before an aggressive defense attorney

who asks what the worker has really done to help the parent become a parent. If the worker can only say, "Well, I met with her in the office I think a number of times and uh . . ." the worker is going to be crucified. However, if the worker can specify a long list of contacts, appointments, details, etc. the wind will be taken out of the sails of the defense attorney. In addition, the documentation provides the prosecutor with the hard evidence he needs to establish his case and it provides the judge with material on which to make a decision.

A judge once told me, "When you finally get to court, it's not justice that prevails, it's not logic that prevails, rather the decision is made on a record. That's what stands." Documentation is necessary when you go to the district attorney with a potential case. If you just go in with three volumes of case records and say, "Gee, there is this mother and she's really flaky and here's our records and could you do a termination case" the district attorney is going to be aghast. However, if you have your records in precise order with chronological references, if you have all your correspondence, if your treatment plan has been outlined and you have copies of agreements made with parents and reports on their success or failure, if you can present the district attorney with a nice, precise package—then he is going to be much more inclined to take the case, develop and file a petition, and bring it to court.

The prosecutor should have a xeroxed copy of the complete record. As the case nears determination and there is new evidence, new contacts, etc., the xerox of the new records should be sent to the attorney. In this way he will have a complete record in his file and at his fingertips. The same procedure should be followed with the child's attorney if he is taking an active part in the prosecution. The social workers need to consider themselves the legal investigator for the prosecutor, otherwise the work simply is not going to get done, at least not in the fashion that is desired. The prosecutors have a large workload and termination cases are comparatively lengthy to resolve. Workers do not technically have to accept the role of legal investigator but if they feel a responsibility to the child they will.

The worker can be instrumental to the prosecutor with witnesses. He can identify potential witnesses, interview them, determine precisely what they know, brief them and make them as comfortable as possible with the court process. Often people unfamiliar with the courtroom situation tend to get very anxious and fail to recall information. If a worker has provided the prosecutor with a list of witnesses and what they know the prosecutor can phrase his questions in a number of different perspectives so that an anxious witness can reveal the information which is needed. Sometimes the prosecutor will allow the worker to construct the questions. Witnesses can then be briefed before they go to court.

At one time I thought of the responsibility in termination proceedings (in terms of preparation, etc.) as being equally divided between the judge, the district attorney and the social service agency. But now I really see the agency as having 70% of the responsibility. If we prepare a case properly, if we document what we do and if our case is in good order at the time we approach the district attorney, he is not going to resist as he once did. If we come into court with a well prepared prosecution, if our witnesses are right there and they know how to testify, if they answer the questions properly and if the case rolls through and there is good due process of law, then by the time that hearing is over the judge will have the evidence

which allows him to make the decision.

In one county in Oregon where we brought the first termination case in the county's history, the judge said to me afterwards, "You know, I was not looking forward to this case and I really saw myself as the parents' advocate, I believe in the parents' rights. But, it was a first class case that was put on before me. I can read the statute, I can read the case law and I know what the legislative intent of that statute is. I had no alternative but to terminate that parent's rights and above and beyond that, I now feel that it was the right thing to do." I think that attitude was a direct result of the preparation we did for the court. The lion's share of the responsibility for the preparation should be the agency's regardless of the fact that we are not technically obligated.

Termination: Preparation of the Worker

The worker heading for court needs to be prepared. It is important to recognize that all of the participants in the proceedings are human just like the worker. It is important to remember that it is the defense attorney's prerogative to use attack and all the age old tricks of the trade. He is not an enemy. When the prosecutor asks questions of the worker on the witness stand and the defense attorney vociferously objects, it is easy to interpret the objections as personal attacks. They are not. When an objection is made the worker should simply stop in mid-sentence and let the legalists argue the merits of the objection. If the objection is over-ruled the worker should refrain from the temptation to sneer at the defense attorney and should simply wait for the question to be asked again. If the objection is sustained, the worker should simply wait for the next question and not hesitate to ask the prosecutor to repeat his question if he has lost his train of thought.

Termination: Public Relations in the Court Room

It is often valuable to have some exchange with the defense attorney. If he has little to go on but he's making a terribly good argument, let him know that. Underneath the facade there are a lot of defense attorneys who argue with little conviction in these cases. They know the situation of the child and know that the mother is not a good parent but they must argue her case nonetheless.

In addition, if a worker finds a defense attorney who is really performing well and who is leaving no stone unturned, the worker should always compliment him on his performance and ask him if he would like to represent a child in the agency's next termination proceeding.

A final tactic is to obtain a professional full color studio portrait of the child—not a picture which shows bruises, just a nice photo. At some point during the proceeding, the prosecutor simply holds the picture up and says to a witness, "Is this the child we are talking about?" He also shows the picture to the entire court. Fifty letters describing the situation will not have the impact which that picture has. I have watched the faces of the judges and defense attorneys, the picture begins to personalize the issue, it becomes clear that we are talking about a real child—not an anonymous case—and it really hits home.

Conclusion

Agencies involved in termination will find that there are segments of the community which will rise up in opposition.

In Oregon we learned this when the Senate Judiciary Interim Committee was reviewing the Juvenile Code and members became alarmed when they began to look at parts of the termination statute. They brought in people who felt we were the state's original child rip-off team. The entire committee ground to a halt for three solid months while hearings were held. People came in to testify and we spent many hard hours giving testimony—it was terribly uncomfortable. While I am not sure that we completely convinced them, I do know that we learned a terribly valuable lesson from that experience. We learned that we need more community education. We also learned that we need to involve the community in review procedures and other activities so that they will know what we are doing and will understand that what we are doing is not capricious.

The committee hearings were valuable to us in another way. Two of the witnesses who testified were mothers who had been involved in our project and whose children had been returned to them. In a somewhat inarticulate fashion they both supported the project. They said it was the first time that anyone had ever sat down with them and warned them that if they didn't change they would lose their children. They said that they had changed and they credited the project with the fact that they had their children. Their testimony was certainly an indication to us that there was some good in what we were doing.

The committee hearings focused on our so-called capricious removal of children. A week after that died down a state representative raised a terrible fuss because she thought that the system in general was capriciously sending children home and disregarding the rights of children. So, we are damned if we do and damned if we don't. I think we have to be prepared to take some flak.

However, in the last analysis and despite the flak, I believe that this approach is effective and valuable.

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